PSYC 290 General Psychology Course UNIT !-9 Key Terms, Key People and Study Questions

General Psychology (Athabasca University)

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PSYC 290
General Psychology (Rev. C8)

Unit 1: The Evolution of Psychology

Key Terms

Applied Psychology- The branch of psychology concerned with everyday, practical problems.

Behaviour- individual's outward reaction to their environment.

Behaviourism- is theoretical orientation based on the premise that scientific psychology should study only observable behavior. Often referred to as stimulus-response psychology (S-R). Founded by John B. Watson

Biological Psychology- application of the principles of biology to the study of mental processes and behaviour.

Clinical Psychology- The branch of psychology concerned with the diagnosis and treatment of psychological problems and disorders.

Cognition- the mental processes involved in acquiring knowledge.

Counselling Psychology- overlaps with clinical psychology; interviewing, testing, therapy. but, usually work with people who are struggling with everyday problems of moderate severity. Specialize in family, material, or career counselling.

Critical Thinking- The use of cognitive skills and strategies that increase the probability of a desired outcome.

Culture- widely shared customs, beliefs, values, norms, institutions, & other products of a community that are transmitted socially across generations.

Developmental Psychologist- looks at human development across the life span.

Empiricism- premise that knowledge should be acquired through observation.

Ethnocentrism- tendency to view one's own group as superior to others and the standard for judging the worth of foreign ways.

Evolutionary Psychology- examines behavioral processes in terms of their adaptive value for members of a species over the course of many generations.

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Experimental Psychology- Not the only area where experiments are done, but focuses on experiments in sensation, perception, learning, conditioning, motivation, & emotion.

Functionalism- Created by William James, based on the belief that psychology should investigate the function of purpose of consciousness, rather than its structure. James was influenced by natural selection, thinking that consciousness must be important if it was selected for in our species.

Coined the term "stream of consciousness" to refer to human's continuous flow of thoughts.

Introduced new topics like mental testing, patterns of development in children, effectiveness of educational practices, and behavioral differences between the sexes.

Humanism- a theoretical orientation that emphasizes the unique qualities of humans, especially their freedom and their potential for personal growth.

Industrial/Organizational Psychologist- business & industry; human resources departments, working to improve staff morale & attitudes, striving to increase job satisfaction & productivity, examining organizational structures & practices, making recommendations for improvement.

Introspection-
Wundt
(1) observer/introspectionist must be in a state of strained attention
(2) observer must be able to repeat several times
(3) stimuli must be manipulable

Titchener
- Would not allow self-reporting subjects to use common words because it is a 'stimulus error'

the careful, systematic self-observation of one's own conscious experience

Natural Selection- Charles Darwin's theory that heritable characteristics that provide a survival or reproductive advantage are more likely than alternative

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characteristics to be passed on to subsequent generations; therefore, they are more "selected for" over time.

Personality Psychology- interested in describing & understanding individuals' consistency in behavior, which represents their personality. Also w/ factors that shape personality & personality assessment.

Positive Psychology- Uses theory and research to better understand the positive, adaptive, creative, and fulfilling aspects of human existence.

Psychiatry- A branch of medicine concerned with the diagnosis and treatment of psychological problems and disorders.

Psychoanalytic Theory- Freud's theory that attempts to explain personality, motivation, & mental disorders by focusing on unconscious determinants of behavior.

Psychometrics- Concerned with the measurement of behavior and capacities, usually through the development of psychological tests

Involved w/ design of tests to assess personality, intelligence, etc & new techniques for statistical analysis.

Psychology- The science that studies behavior and the physiological and cognitive processes that underlie it, and the profession that applies the accumulated knowledge of this science to practical problems.

Social Psychology- focuses on interpersonal behavior and the role of social forces in governing behavior. attitude formation, attitude change, prejudice, conformity, attraction, aggression, intimate relationships, & behavior in groups.

Stimulus- any detectable input from the environment.

Structuralism-Structuralism was created by Titchener; based on the idea that psychology should analyze consciousness into its basic elements & how the elements are related. Most of their work was connected to seeing, hearing, and touch. Relies on introspection that required training. After training, they were introduced to auditory tones, optical illusions, and visual stimuli. The limitations of introspection; no objective claim.

Theory- a system of interrelated ideas used to explain a set of observations.

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Unconscious- According to Freud, part of the mind that contains thoughts, memories, desires that are below the surface of conscious awareness but exert influence on behavior.

Key People

Charles Darwin- English natural scientist who formulated a theory of evolution by natural selection.

William James was influence by his work.

Sigmund Freud- founder of psychoanalysis & unconscious.

G. Stanley Hall-

Donald Hebb- asserted the importance of physiological & neuro-psychological perspectives; paved the way for the cognitive revolution.

Hebb's emphasis on importance of the brain in behavior; locus of behavior is the brain; cell assemblies in concert with other cell assemblies facilitate behavior; suggests how neural networks might work.

William James- founder of functionalism.

Carl Rogers-

Martin Seligman- founder of positive psychology.

B. F. Skinner- proponent of radical behaviourism & proponent of operant conditioning.

John B. Watson- Founder of behaviourism.

Wilhelm Wundt- Father of psychology, Established the first psychology laboratory at the University of Leipzig, Germany.

Study Questions

1. **Identify the origins of the word psychology.**

Psychology comes from Greek words Psyche meaning soul and logos meaning study of subject. Psyche means soul, spirit and mind distinguished from the body. stated using word psychology in 18th century. “The study of the mind

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2. **Summarize Wundt’s accomplishments and contributions to the field of psychology.**

Wundt made a campaign to make psychology separate from philosophy and physiology. He had the first psych lab at University of Leipzig. Psychology "date of birth" after Wundts first journal about psych. He declared that psych was a science like bio or chem and its primary focus was contentiousness awareness of immediate experience. wrote 54,000 pages of psych.

3. **Compare structuralism and functionalism, and discuss their impact on the development of psychology.**

Structuralism is based on the notion that the task of psych is to analyze contentiousness into basic elements and see how they are related while functionalism believes the task of psych is to look at the function and purpose of contentiousness not the structure. These both had impact on developmental psych by making developmental testing and patterns in children and differences between sexes.

4. **Describe Watson’s view of psychology with special reference to the nature-nurture issue and animal research.**

Watson's view of psych was to only study observable behavior not thoughts (behaviorism) nature vs nurture (environment vs experience) ex is a criminal born or made? Watson argued a criminal was made not born meaning he learnt how to be a criminal based on his experiences. Animal research (Pavlov's dog) many psychologists started studying animals instead of humans because it was easier to control animals then humans.

5. **Why did the Gestalt psychologists take issue with the behaviourist school?**

Gestalts theorists were primarily concerned with perception and wanted to study continuous behavior rather then behavior.

6. **Why did Freud’s psychoanalytic theory encounter resistance within psychology?**

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There was resistance in psychology because he argued that behavior is governed by unconscious thoughts. psychoanalytic theory was expensive and effectiveness was questioned.

7. **Who was B. F. Skinner? Describe Skinner's viewpoint with regard to private events and free will. Describe the influence that Skinner had on psychology and more widely outside of academia.**

Pavlov's dog. classical conditioning. Skinner acknowledged that there were private, unobservable events. However, he was more interested in the influences that private events exert on subsequent behaviour(s) He created radical behaviourlism this represented earlier forms of behaviourlism and neo-behaviourlism.
Skinner did not deny existence of internal mental events but redefined them as private events and did not think that they should be given special status when explaining behaviour. Says private events were hard to study and most of his science was based on observable behaviour. people tend to repeat responses that ended positively and not negatively. Trained pigeons to play ping pong. thinks people are controlled by their environment not by themselves. He said that free will is an illusion. He had many best selling books, was in magazines and radio which influenced not only academia but general population.

8. **Describe humanistic psychology, and briefly discuss its contribution to psychology.**

Did not believe that behaviour was based on sexual urges. Behaviourlism criticized for studying simple animal behaviour. Both were criticized for believing that people did not control their own destiny. humanistic psychology is the complete opposite of both behaviourlism and psychoanalytic theory. Emphasized uniqueness of human's freedom and personal growth. (Carl Rogers and Maslow) believed humans and animals were different. Humans have seance of self while animals do not. Humans want to reach their full potential.

9. **What are six contemporary theoretical perspectives within psychology? Briefly explain each. (Figure 1.2)**

Behavioural (1913-present)
- Watson, Pavlov, Skinner
- Effects of environment on behavior

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- only observable events can be studied

Psychoanalytic (1900 - present)
- Freud, Jung, Adler
- Unconscious determinants of behavior
- Unconscious motives & experiences in early childhood govern personality & mental disorders.

Humanistic (1950s - present)
- Rogers, Maslow
- Unique aspects of the human experience
- Humans are free, rational beings' w/ potential for growth & are different from animals

Cognitive (1950s - present)
- Piaget, Chomsky, Simon
- Thoughts; mental process
- Behavior cannot be understood w/o examining how people acquire, store, & process info

Biological (1950s - present)
- Olds, Sperry, Hubel, Wiesel
- Physiological basis of behavior
- Organism's functioning can be explained in terms of the bodily structures & biochemical processes that underlie their behavior

Evolutionary (1980s - present)
- Buss, Daly, Wilson, Cosmides, Tooby
- Evolutionary basis of behavior
- Behavior patterns evolved to solve adaptive problems; natural selection favours behavior that enhance reproductive success

10. Discuss how psychology developed in Canada, from the first departments to the establishment of the Canadian Psychological Association.

First course in psychology offered at Dalhousie University 1838; teaching became most common in 1850s at McGill & University of Toronto; often taught in philosophy department.

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University of Toronto had Canada's first psychological lab founded by James Mark Baldwin in 1891.
First psychology department at McGill in 1924, then University of Toronto in 1926, University of Western Ontario 1931, University of Manitoba 1936.
John Wallace Baird the first Canadian to be president of the APA in 1918.
CPA formed in 1939.
Women are the majority of undergraduate & MA programs in psychology; led to an increase in focus on guidelines for practice, counselling, & therapy w/ women.

11. Describe two recent trends in psychological research that reflect a return to psychology's intellectual roots.

Renewed interest in consciousness, now called cognition; those studying decision making, reasoning, & problem-solving show that methods can be used to study cognitive processes scientifically.
Highlighting interrelations among mind, body, and behavior.
Hebb's emphasis on importance of the brain in behavior; locus of behavior is the brain; cell assembly; set the stage for developments in neuropsychology & neuroscience.

12. Why has Western psychology had scant interest in other cultures? Why has this begun to change?

(1) Cross cultural research is difficult, costly, & time consuming
(2) some psychologists worry that cultural comparisons may cause stereotypes towards people who already have a history of being victimized
(3) ethnocentrism
Realizing that neglect of cultural variables has diminished value of their work
Change because:
- civil rights, women's rights, gay rights movement
- globalization; advances in communication, travel, trade "shrunk" the world
- ethnic make up the western world is becoming more diverse.

13. Describe the most recent theoretical perspectives in psychology.

Evolutionary psychology; patterns of behavior seen in species are products of evolution and it favours behaviors & traits that increase reproductive success; human mind is the product of evolution
Positive psychology; psychology was too negative, focused too much on pathology, weakness, damage, & ways to heal suffering. Can cause psychology to neglect the

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forces that make life worth living. Focuses on positive subjective experience; positive individual traits, & positive institutions & communities.

14. List and describe the four professional specialties within applied psychology. Distinguish between clinical psychology and psychiatry. (Figure 1.6)

(1) Clinical psychology,
(2) counselling psychology
(3) education & school psychology
(4) industrial & organizational psychology

clinical psychologists go to graduate school and then earn one of several doctoral degrees; they do not prescribe medication.

psychiatrists go to medical school & specialize in psychiatry by doing their residency in psychiatry; they are a medical doctor & prescribe medication.

15.Define what is meant by multifactorial causation of behaviour.

Behavior is governed by a complex network of interacting factors; single explanations of behaviors are sometimes correct, but usually incomplete when they are.

16.Discuss three important considerations in designing a program to encourage adequate studying.

Pleasant space, adequate lighting, free from unpleasant odours, & study materials within reach.

17.Describe the skills exhibited by critical thinkers.

- Understand & use principles of scientific investigation
- apply rules of formal & informal logic
- carefully evaluate the quality of information
- analyze arguments for soundness of the conclusion
- understanding how reasons & evidence support or refute conclusions, using principles of likelihood & uncertainty when thinking about probabilistic events, generating multiple solutions to problems & working systematically toward a desired goal, & understanding causation.

18. Discuss evolutionary theory explanations for gender differences in spatial abilities.

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-Originated in human evolution as a result of sex-based division of labour in hunting-gathering societies.
-Women have better memory for locations & defining colour for gathering food.
-Men have better visual-spatial, tracking, and mental rotation abilities for hunting food.

Unit 2: The Research Enterprise in Psychology

Key Terms

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Anecdotal evidence-consists of personal stories about specific incidents and experiences.

Case study-is an in-depth investigation of an individual subject.

Confounding of variables-occurs when two variables are linked together in a way that makes it difficult to sort their specific effects.

Control group-consists of similar subjects who do not receive the special treatment given to the experimental group.

Correlation-when two variables are related to each other.

Correlation coefficient-the numerical index of the degree of relationship between two variables.

indicates the direction of the relationship & how strongly the two variables are related.

Correlational research-Correlational research is a type of nonexperimental research in which the researcher measures two variables and assesses the statistical relationship.

Data collection techniques-procedures for making empirical observations and measurements.

Dependent variable-variable that is thought to be affected by manipulation of the independent variable.

Descriptive statistics-used to organize & summarize data, usually graphs.

Double-blind procedure-neither the subjects nor the experimenters know which subjects are in the experimental or control groups.

Ethical guidelines-

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Experiment-research method in which the investigator manipulates a variable under carefully controlled conditions and observes whether any changes occur in a second variable as a result.

Experimental group-consists of the subjects who receive some special treatment in regard to the independent variable.

Experimental research-research where an investigator manipulates variables under controlled conditions.

can be within or between subjects.

only type of research that can determine cause & effect.

Experimenter bias-occurs when a researcher's expectations or preferences about the outcome of a study influence the results obtained.

Extraneous variables-any variables other than the independent variable that seem likely to influence the dependent variable in a specific study.

Frequency distribution-orderly arrangement of scores indicating the frequency of each score or a group of scores**.**

Frequency polygon-line figure used to present data from a frequency distribution.

Hypothesis-a tentative statement about the relationship between two or more variables.

Independent variable-condition or event that an experimenter varies in order to see its impact on another variable.

Inferential statistics-used to interpret data & draw conclusions.

Journal-periodical that publishes technical and scholarly material usually in a narrowly defined area of inquiry.

Mean-arithmetic average of scores.

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Median-score that falls in the center of distribution scores.

Meta-analysis-combination of the statistical results of many studies of the same question yielding an estimate of the size and consistency of a variable's effects.

Mode-most frequent score in a distribution.

Naturalistic observation-researcher engages in careful observation of behavior without intervening directly with the research subjects or participants.

Negatively skewed distribution- most scores pile up at the right end of the scale.

Normal distribution- symmetrical, bell-shaped curve that represents the pattern in which many human characteristics are dispersed in the population.

Operational definition- describes the action or operations that will be used to measure or control a variable.

Participants or subjects- are the persons or animals whose behavior is observed in a study.

Percentile score- percent of people who score at or below a particular score.

Placebo effects- occur when participants expectations lead them to experience some change even though they receive empty, fake, or ineffectual treatment.
Positively skewed distribution- scores pile up at the left/low end of the scale.

Random assignment- occurs when all subjects have an equal chance of being assigned to any group or condition in the study.

Reactivity- occurs when a subject's behavior is altered by the presence of an observer.

Replication- repetition of a study to see whether the earlier results are duplicated.

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Research methods- Consists of various approaches to the observation, measurement, manipulation, and control variables in empirical studies.

Response set- tendency to respond to questions in particular way that is unrelated to the content of the questions.

Sampling bias- exists when a sample is not representative of the population from which it was drawn.

Social desirability bias- distortion in self report

tendency to give socially approved answers to questions about oneself

other distortions: misunderstanding questionnaire items & the way questions are worded.

Statistical significance- exist when the probability of something occurring by chance are low.

Statistics- use of mathematics to organize, summarize, and interpret numerical data.

Survey- researchers use questionnaires or interviews to gather information about specific aspects of participants behavior.

Standard-
Theory- system of interrelated ideas used to explain a set of observations.

must be testable; usually theories are big so they test 1 or 2 specific hypotheses from a theory at a time

if the tests back up the theory, confidence grows; but it is a gradual process & subject to revision.

Variability- how much the scores in a data set vary from each other and from the mean.

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Variables- any measurable conditions, events, characteristics, or behaviors that are controlled or observed in a study.

Key People

Neal Miller- Conducted the first studies which demonstrated that animals could be conditioned to control autonomic processes.
He believed that animal research was good & less cruel than those trying to stop it.

Robert Rosenthal- Suggested that experimenter bias may lead researchers to unintentionally influence the behavior of their subjects.

Stanley Schachter- Developed "Two-Factor" theory of emotion; experiments on spillover effect.

Study Questions

1. **Briefly identify and describe the three goals of the scientific enterprise.**

(1) Measurement & description
- investigator must figure out a way to measure the phenomenon under study & describe it

(2) Understanding & prediction
- understand the event when they can explain the reasons for the occurrence of the events
- to evaluate their understanding, they make & test a hypothesis

(3) Application & control
- they try to help solve problems; when people understand a phenomenon, they can have more control over it
- construct theories to better understand phenomenon

2. **What are the five steps in scientific investigations?**

(1) formulate a testable hypothesis
- must be formulated precisely & variables must be clearly defined

(2) select the research methods & design the study

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- choose a research method based on pros/cons of each method, create a detailed plan for executing the study, participants, etc
(3) collect the data
- do the study/collect the data
(4) analyze the data & draw conclusions
- usually convert into numbers using statistics, decide whether the hypothesis has been supported
(5) report the findings
- publication of research to perpetuate scientific progress which can only be achieved if researchers share their findings

3. **Define an operational definition, participants (or subjects), and data collection techniques.**

4. **Describe two advantages of the scientific approach as it relates to the study of behaviour.**

Insistence on clarity & precision.

Avoidance of errors: take a skeptical attitude; only believing they're right after being proven through experiments & is a way to be guarded against false data.

5. **Define an experiment. Define and give examples of the three types of variables (independent, dependent, and extraneous) that may be encountered in an experiment.**

6. **Distinguish between experimental and control groups, and explain their relationship in an experiment.**

In the experimental group the subjects get treatment, in the control group they do not.

The two groups must be alike, except for the treatment.

If they are alike in every way except for the treatment, then any differences between the two groups must be due to the manipulation of the independent variable.

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7. **Why is it sometimes advantageous to use only one group of subjects who serve as their own control?**

(Within-subject)

Effects of the independent variable are evaluated by exposing a single group to a control & experimental condition.

Eliminates extraneous variables between groups.

8. **Explain the major advantages and disadvantages of the experimental method.**

strengths:
-allows for conclusions about cause-and-effect relationships between variables because of the isolation between variables that an experiment allows.

limitations:
-artificial, can be overcame w/ field experiments but removes some control, but increases generalizability.
- can't be used for some research questions because it be impossible, too expensive, or unethical.

9. **Distinguish between the experimental and the descriptive/correlational research methods. Discuss three descriptive research methods (i.e., naturalistic observation, case studies, and surveys).**

Descriptive/correlational methods permits investigators to only describe patterns of behaviour & discover links or associations between variables

Naturalistic observation:
- observation w/o intervening
- behavior unfolds naturally in its normal environment
- problem is that it can cause reactivity because researchers have troubles making observations unobtrusively

Case studies:
- in depth investigation about a particular person
- victim of suicide, psychological autopsies

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- interviewing subjects, interviewing people who are close to them, direct observation, examination of records, psychological testing
- suited for investigating certain phenomena like psychological disorders & neuro-psychological issues
- can bolster a hypothesis or theory
- highly subjective & not easily generalizable

Surveys
- questionnaires/interviews about specific behaviors
- cheap & easy to collect data
- limitation is that they rely on self-report data

10. Explain the major advantages and disadvantages of descriptive/correlational research. What is the main disadvantage of descriptive/correlational research?

Advantages
- can explore things that can't be examined w/ experiments
- broadens the scope of phenomena that psychologists can study

Disadvantages
- investigators cannot control & isolate cause & effect so cannot establish casual relationships

11. Distinguish between a positive and a negative correlation. Explain how the size of a correlation coefficient relates to the strength of an association.

A positive correlation indicates that two variables co-vary in the same direction. i.e., high scores on one variable will indicate high scores on another variable.

A negative correlation indicates two variables co-vary in opposite directions. i.e., high scores on one variable mean low scores on the other.

Coefficient can vary between 0-+/- 1.00
- near 0 indicates no relationship, at +/- 1.00 it means a perfect relationship.

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12. **Explain how a correlation relates to prediction and causation. Provide and recognize original examples of two variables that are positively or negatively correlated but that are not causally related.**

As a correlation increases in strength the ability to predict one variable based on knowledge of the other variable increases but, it does not measure cause & effect between variables; it just means that variables are related, it doesn't demonstrate how they are related or whether they are caused by other unrelated variables.

13. **Describe the importance of replication in scientific research.**

Reruns of the experiment. It's done to see if it will produce the same findings as the original experiment. Data from failed reruns is called negative results.

14. **Describe the four common flaws in research: sampling bias, placebo effects, distortions in self-report data, and experimenter bias.**

15. **What is the double-blind procedure?**
16. **Discuss the controversy regarding the use of deception in psychological research.**

Some say it's simply lying & immoral, by lying to participants it may decrease their trust in other psychologists, and participants can experience anxiety, distress, embarrassment, etc when the truth comes out.

Defenders of deception say that the practice helps research many important issues that couldn't be researched if deception wasn't allowed.

17. **Discuss how Canada applies ethical guidelines to the use of animals as research subjects.**

Every effort must be made to minimize the discomfort felt by animals unless there is a strong expectation it will benefit humans & animals.

18. **Explain how Chapter 2 highlights two of the Weiten and McCann (2019) text's unifying themes.**

The chapter attests to the fact that psychology is empirical. Also, the discussion of methodological flaws in research provides examples of how people's experience is subjective.

19. **Describe the standard organization of a published journal article.**

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Abstract
- concise summary at the beginning

Introduction
- overview of the problem, relevant theories, review of previous research, & current state of knowledge on the topic
- hypothesis/thesis

Method
- description of the research methods used
- subjects, procedures, data collection technique

Results
- data obtained is reported
- statistical analysis, figures, tables, graphs
- does -not- include inferences based on the data

Discussion
- conclusions drawn by the authors, interpretation & evaluation of data

References

20. Define anecdotal evidence. Describe the perils of using anecdotal evidence in the decision-making process.

Consists of personal stories about specific incidents & experiences.

Resembles a case study which is subjective & difficult to generalize.

Similar to self-report data which can be distorted.

Often inaccurate w/ embellishments, also often consists of stories people heard about other's experiences.

One should focus on evidence-based decision.

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Unit 3: Motivation & Emotion

Key Term

Affective forecasting- efforts to predict one's emotional reactions to future events.

Achievement motive- is the need to master difficult challenges, to out perform others, and to meet high standards of excellence.

Amygdala- a roughly almond-shaped mass of gray matter inside each cerebral hemisphere, involved with the experiencing of emotions,

Argument- consists of one or more premises that are used to provide support for a conclusion.

Assumptions- are premises for which no proof or evidence is offered.

Bisexual- with members of either sex.

Body mass index (BMI)- a weight to height ratio, calculated by dividing ones weight in kilograms by the square of ones height in meters and used as an indicator of obesity and underweight.

Brain regulation-

Drive- an internal state of tension that motives an organism to engage in activities that should reduce this tension.

Emotion- involves (1) a subjective conscious experience (the cognitive component), accompanied by (2) bodily arousal (the physiological component), and (3) Characteristic overt expression (the behavioural component).

Facial feedback hypothesis-

Galvanic skin response (GSR)- an increase in the electrical conductivity of the skin that occurs when sweat glands increase their activity.

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Glucose- a simple sugar which is an important energy source in living organisms and is a component of many carbohydrates.

Ghrelin- A hunger-arousing hormone secreted by an empty stomach; causes stomach contractions

Happiness (ingredients)-

Happiness (predictors)-

Hedonic adaptation- the process of becoming accustomed to a positive or negative stimulus such that the emotional effects of that stimulus are attenuated over time

Heterosexuals- Persons who seek emotional-sexual relationships with members of the other sex.

Homeostasis- a state of physiological equilibrium or stability

Homosexuals- Persons who seek emotional-sexual relationships with members of the same sex.

Hormonal regulation-

Hypothalamus- A neural structure lying below the thalamus; it directs several maintenance activities (eating, drinking, body temperature), helps govern the endocrine system via the pituitary gland, and is linked to emotion and reward.

Incentive- a positive or negative environmental stimulus that motivates behavior

Leptin- A hormone produced by adipose (fat) cells that acts as a satiety factor in regulating appetite

Motivation- goal-directed behavior; strength varies from person to person

Obesity- having an excess amount of body fat

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Orgasm- one of the phases of the sexual response cycle; characterized by observed muscle contractions all over the body and further increases in breathing, pulse, and blood pressure rates, followed by ejaculation in men and orgasm in women.

Polygraph- a machine, commonly used in attempts to detect lies, that measures several of the physiological responses accompanying emotion (such as perspiration and cardiovascular and breathing changes).

Premises- The reasons presented to persuade someone that a conclusion is true or probably true.

Set-point theory- The idea that the body monitors fat-cell levels to keep them (and weight) fairly stable.

Sexual orientation- a person's sexual identity in relation to the gender to which they are attracted; the fact of being heterosexual, homosexual, or bisexual.

Subjective well-being- self-perceived happiness or satisfaction with life. Used along with measures of objective well-being (for example, physical and economic indicators) to evaluate people's quality of life.

Vasocongestion- engorgement of blood vessels; causes an erection in men and hardening of the clitoris, expansion of the vaginal lips and vaginal lubrication

Key People

John Atkinson- elaborated extensively on McClelland's original theory of achievement motivation. Theorizes that the tendency to pursue achievement depends on:
the strength of one's motivation, to achieve success (stable aspect of personality, ones estimate of the probability of success (varies from task to task), the incentive value of success (depends on the tangible and intangible reward for task).

David Buss- says that achievement, power (dominance), and intimacy are the most heavily studies because the satisfaction of each of these motives is likely to

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affect one's reproductive success. evolutionary psychologist that studied human sex differences in mate selection.

Walter Cannon- theorized that stomach contractions cause hunger. cannon-bard theory that emotion occurs when the thalamus sends signals simultaneously to the cortex (creating the conscious experience of emotion) and to the autonomic nervous system (creating visceral arousal).

Paul Ekman and Wallace Friesen- asked subjects to identify what emotion a person was feeling based off facial cues in photographs. subjects are generally good in identifying six fundamental emotions (happiness, sadness, anger, fear, surprise, disgust). can also identify other emotions but less reliably (contempt, embarrassment, shame, amusement, sympathy).

William James- urged psychologists to study functions of consciousness.
James Lange theory of emotion= the perception of visceral arousal leads to the conscious experience of fear. (You may think your pulse is racing because you are fearful, but James-Lange says you are fearful because your heart is racing).

Joseph LeDoux- psychologist who believed that some of our emotional reactions involve no deliberate thinking and cognition is not always necessary for emotion.

William Masters and Virginia Johnson- did ground-breaking research in the 1960s about human sexual response.
4 stages: excitement, plateau, orgasm, resolution.

David McClelland- believes achievement motivation is of the most importance. Sees the need for achievement as the spark that ignites economic growth, scientific progress, inspirational leadership, masterpieces in the creative arts.

Henry Murray- developed a theory of human personality based on individuals' inborn needs and relationship with the physical and social environment. explored the effects of stress on the human psyche.

Robert Plutchik- made a model of how primary emotions such as fear and surprise may blend into secondary emotions such as awe. also shows that various

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emotions such as apprehension, fear, terror, involve one primary emotion experienced at difference levels of intensity.

Stanley Schachter- asserted that people look at situational cues to differentiate among alternative emotions. The experience of emotion depends on two factors: !. autonomic arousal. @. cognitive interpretation of that arousal. purposed that when you experience visceral arousal you search your environment for an explanation.

Study Questions

1. **Compare drive, incentive, and evolutionary approaches to understanding motivation.**

-Motivation: involves goal-directed behaviour.
-Drive: an internal state of tension that motivates an organism to engage in activities thatshould reduce this tension (ex. Feeling hungry drives you to seek food)
-Incentive: an external goal that has the capacity to motivate behaviour (ex. Monetary prize, ice cream, approval from friends, an A on an exam)
-Evolutionary approach: asserts that human motives and those of other species are the products of evolution, just as anatomical characteristics are. Vecause natural selection favours behaviours that increase reproductive success, it could explain the motives such as affirmation, aheivement, domincance, aggression and sex drive in terms of their adaptive value

2. **Distinguish between biological and social motives. Provide examples of motives in each category.**

Biological Motives: generally essential for the survival of a group or individual
Ex. hunger, thirst, sex, temperature, sleep

Social motives: acquired as a result of learning
Ex. achievement (need to excel), affiliation (social bonds), autonomy (independence), order and organization, need for fun or relaxation

3. **Summarize the evidence regarding the role of biological factors in the regulation of hunger.**

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Because there is an association between stomach contractions and feeling hungry, it was believed that stomach contraction causes hunger. This was, however, later discredited to show that it merely accompanies hunger, because people continued to show hunger after their stomachs had been removed. Research with lab animals eventually suggested that the feeling of hunger is controlled in the brain - specifically the hypothalamus. Using brain lesioning techniques and electrical stimulation, it was concluded that the lateral hypothalamus (LH) and the ventromedial nucleus of the hypothalamus (VMH) were the brains' on/off switch for hunger. The current thinking is that the LH and the VMH are elements in the neural circuitry that regulates hunger, but they are not key elements. Scientists believe that two other areas of the hypothalamus, the arcuate nucleus and the paraventricular, play a larger role in the modulation of hunger**.**

4. **Summarize the evidence regarding the role of environmental factors in the regulation of hunger.**

Hunger is a biological need, but is not regulated by biological factors alone.

Three key environmental factors are the availability of food, learned preferences and habits and stress.

Research argues that humans and animals are often motivated to eat by the anticipated pleasure of eating rather than the need to compensate for energy deficits. This is supported by evidence of the following variable exerting influence over food consumption:

- Palatability - the better the food tastes, the more that it is consumed
- Quantity available - People tend to consume what's put in front of them; the more that is served, the more people eat
- Variety - as you eat a specific food, the incentive to continue declines; the more variety of foods, the consumption increases
- Presence of others - the more people present; the more people tend to eat; most people find these changes to be unconscious

Eating can be triggered by exposure to environmental cues that have been associated with eating (hunger aroused by tv commercials). People tend to be unaware of how things like ads really affect their hunger - it is clear that eating is partially governed by the incentive qualities of food.

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Eating is often a social action. It is suggested that some of the most important determinants of food intte are based on the behaviour of others. The presence of others generally inhibits eating, but in certain conditions it is the opposite; essentially, eating is influenced by the social norms determined by the behaviour of others who are present at the time.

5. Define obesity. Describe the factors identified in Weiten and McCann (2019) as causing obesity.

Obesity: the condition of being overweight; a major health concern, determined by the individual's BMI (Over 30 = obese)
Causes:
●Modern society has an abundant, reliable supply of tasty, high calorie food. People can easily overeat; nutritious foods are much less convenient than the readily available fast foods.
●Genetic Predisposition - Variations in genetics, metabolism, and other factors, cause some people to become overweight easier than others. It appears that some people inherit a genetic vulnerability to obesity.
●Excessive eating and inadequate exercise. Easier to eat unhealthy foods. Food packages, restaurant portions, and dinnerware has steadily increased in size in recent decades.
●Sensitivity to external cues that affect hunger - might be more affected by the availability and attractiveness of food, which leads to overeating. Obese people might be insensitive to their internal hunger signals while the eating of normal weight individuals is regulated by internal cues.
●The Concept of Self Point - people who lose weight on a diet tend to gain it back, and vice versa. Set-point theory proposes that the body monitors fat cell levels to keep them (and weight) fairly stable; if fat stores go below the set point, then the body will begin to compensate, which leads to increased hunger and decreased metabolism.
●Dietary Restrictions - people will go hungry rather than eat, which leads them to have increased hunger and eventually lose control, and overeat. If these people go through emotional distress or drink alcohol, it hinders their dietary control.

6. Describe the four psychological phases of the human sexual response.

Psychological Phases of the Human Sexual Response:

1. Excitement Phase
   a. physical arousal usually rises rapidly.

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b. In both sexes, muscle tension, respiration rate, heart rate, and blood pressure increase rapidly.
c. Vasocongestion - engorgement of blood vessels.
d. Causes penile erection and swollen testes in males; swelling and hardening of the clitoris, expansion of vaginal lips and vaginal lubrication in females.

2. Plateau Phase
   a. Physiological arousal usually continues to build, but at a much slower phase.
   b. In women - vasocongestion produces a tightening of the vaginal entrance.
   c. Men - begin to secrete a bit of fluid, which may contain sperm.
   d. If foreplay is lengthy, fluctuation in arousal is normal (in both sexes).
   e. Fluctuations are more apparent in men (erections may increase and decrease noticeably), in women fluctuations may reflect in changes in vaginal lubrication.

3. Orgasm Phase
   a. Orgasm occurs when sexual arousal reaches its peak intensity. It discharges in a series of muscular contractions that pulsate through the pelvic area.
   b. Heart rate, respiration rate, and blood pressure increase sharply.
   c. Males - accompanied by ejaculation of seminal flood.
   d. Women - More likely to be multi orgasmic, more likely to engage in intercourse without experience orgasm
   e. Subjective experience of orgasm is said to be similar for both genders.

4. Resolution Phase
   a. The physiological changes produced by sexual arousal subside.
   b. If orgasm has not occurred, the reduction in sexual tension may be relatively slow and unpleasant.
   c. After orgasm, men experience a refractory period - during which males are largely unresponsive to further stimulation. The time length varies from a few minutes to a few hours and increases with age.

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7. **Summarize the evolutionary perspective of human sexual behaviour. Include a description of the parental investment theory.**

Evolutionary Perspective of Human Sexual Behaviour:

●Human males are required to invest little in the production of offspring beyond the act of copulation - so reproductive potential is maximized by dating as many females as possible

●There is a limit on how much offspring women can produce, due to the nine months of pregnancy and years of nourishing they must provide.

●Females have little or no incentive for mating with many males - rather, females can optimize their reproductive potential by being selective in matching.

●In humans, males are thought to compete with other males for the relatively scarce reproductive opportunities.

●Parental investment theory predicts that in comparison to women, men will show more interest in sexual activity, more desire for variety in partners, and more willingness to engage in noncommitted sex.

●Females are thought to be the conservative, discriminating sex that is highly selective with partners. This is supposedly due to seeking partners with the greatest ability to contribute toward feeding and caring for offspring.

●Males generally show a greater interest in sex than females do; they think about it more, initiate it more, have more frequent and varied fantasies, tend to overestimate women's sexual interest in them (seems to be so that men do not oversee sexual opportunities)

●Men are more motivated to have a variety of partners

●Women worry more about seeming 'sexually permissive', which may lead them to underestimate or downplay their sexual motivation.

8. **Describe the research by Buss demonstrating gender differences in mating preferences (differences that largely transcend cultural boundaries).**

Gender Differences in Mating Preferences:

●If males had been left to their own devices throughout history, they would probably show little interest in long term mating commitments.

●Females have generally demanded long term commitments as part of consenting to sex.

●Adaptive problems for males were to find a female with good reproductive potential who would be sexually faithful and good at nurturing children - should place an emphasis on things such as youthfulness and attractiveness.

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●Adaptive problem for females was finding someone to provide material resources, protect his family, was dependable and willing to invest resources into the family - should emphasize characteristics such as intelligence, ambition, income, and social status.
●The above does not reflect conscious strategies, most people do not think about sex in terms of maximizing reproductive potential.
●Women pay more attention than men to the partner's willingness to invest in children.

9. Discuss the factors that influence sexual desire and sexual orientation.

Influence on Sexual Desire:
●Women's emphasis on material resources could be due to the historical limiting of their own economic potential.
●Women may limit sexual desire because of the extensive culture of suppressing female sexuality.
●Men are more likely to report that they enjoy erotic material - though this could be because of its general aim towards men and how women are often portrayed in a degrading way.
Sexual Orientation:
●Theorized by Freudians that men raised by a weak, detached, ineffectual father is more likely to be gay - had little support.
●Behaviourists argued that homosexuality is a learned preference when same-sex stimuli have been paired with arousal (perhaps through chance seductions by adult homosexuals).
●There is no evidence to support either of the above claims, after extensive research.
●There is no evidence that parent's sexual orientation is linked to their children.
●Extremely feminine behaviour in young boys and extremely masculine behaviour in young girls does predicts that subsequent development of homosexuality.
●Most gay men and women report that they can trace their homosexual leanings back to early childhood, before they knew what sexuality was.
●Because of negative parental and societal attitudes about homosexuality, they initially struggled to deny their orientation - hence they felt it was not a choice, which suggests it is biological rather than environmental.

10.Summarize the evidence regarding the determinants of sexual orientation.

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●Extremely feminine behaviour in young boys and extremely masculine behaviour in young girls does predicts that subsequent development of homosexuality.
●Most gay men and women report that they can trace their homosexual leanings back to early childhood, before they knew what sexuality was.
●Because of negative parental and societal attitudes about homosexuality, they initially struggled to deny their orientation - hence they felt it was not a choice, which suggests it is biological rather than environmental.
●Many suggest the roots of homosexuality may lie in organizing effects of prenatal hormones on neurological development.
●Research suggests that hormonal secretions during critical periods of prenatal development may shape sexual development, organize the brain in a lasting matter, and influence subsequent sexual orientation.
●There tends to be differences between gay men and women - lesbian and bi women often change their orientation over adult years, compared to gays lesbians are less likely to trace homosexuality back to childhood.

11. Explain how individual differences in the need for achievement influence achievement behaviour.

Need for achievement is a fairly stable aspect of personality. People who score high in the need for achievement tend to work harder and more persistently, handle negative feedback about task performance more effectively, are more future oriented and likely to delay gratification to pursue long term goals. Researchers often find a positive correlation between high need for achievement and educational attainment. Typically go into competitive, entrepreneurial opportunities that provide an opportunity to excel.

12. Explain how situational factors and fear of failure affect achievement strivings.

Situational Factors:
●Pursuit of achievement increases as the probability and incentive value of success go up.
●Probability of success and the incentive value of success are interdependent to some degree - as tasks get easier, success becomes less satisfying and vice versa.
●People vary in their motivation to avoid failure - considered a stable aspect of personality.
●People vary in their motivation to avoid failure.

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●The probability of failure and the negative value placed on failure influences achievement strivings.
●Emotion can cause motivation (being angry about your work schedule can motivate you to find a new job).
●Motivation can cause emotion (motivation to win a contest causes anxiety during judging, and happiness/despair upon receiving the outcome).

13.Describe the cognitive component of emotion.

Emotions are very prevalent to the human experience; we have hundreds of foods to refer to emotions, we tend to constantly think of them and talk to other people about them. Despite all of the emotional content in our words, people often have difficulty describing their emotions to others. Emotions are a highly personal, subjective experience. When studying the cognitive component of emotions, psychologists generally rely on verbal reports; the reports indicate potentially intense internal feelings that sometimes seem to have a life of their own. Emotions are not something that can easily be switched on or off. People's cognitive appraisals of events they experience are key determinants of their emotions - a speech may be terrifying and anxiety inducing to one person, while another was completely content. People characterize their emotions as pleasant or unpleasant, but they can also have mixed feelings, with both good and bad qualities mixed together. Recent research showed that we are not very good at anticipating emotional responses to future setbacks and triumphs. While people tend to be accurate in judging whether they will feel positively or negatively towards a situation, they are often way off in predicting the intensity and duration of their emotional reactions. Emotions are hard to regulate and predict.

14.Describe the physiological component of emotion.

Emotional processes are closely related to physiological processes, but the interconnections are enormously complex. The biological basis of emotions involves many different areas of the brain and many neurotransmitter systems, as well as the autonomic nervous system and the endocrine system.
Autonomic Arousal: The autonomic nervous system is responsible for the physiological arousal associated with emotions - it regulates the activity of the glands, smooth muscles, and blood vessels. Also responsible for the flight or fight response, which is modulated by the release of hormones. Hormone changes play a crucial role in emotional responses to stress and may contribute to many other emotions as well.

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Galvanic skin response (GSR) . an increase in the electrical conductivity of the skin that occurs when the sweat glands increase their activity. It is a convenient and sensitive index of autonomic arousal that has been used to measure emotions in many lab studies.
Polygraph tests - a device that records the autonomic fluctuations while a subject is questioned. The connection between emotion and autonomic arousal provides the basis for this; it cannot really detect lies; it is an emotion detector. It monitors key indicators of autonomic arousal, typically heart rate, blood pressure, respiration rate, and GSR. It is assumed that when subjects lie, they experience emotion that produces these noticeable changes.

15.Describe the behavioural component of emotion.

People reveal their emotions through characteristic overt expressions such as smiles, frowns, furrowed brows, clenched fists, and slouched shoulders. Facial expressions reveal a variety of basic emotions. The 'facial feedback hypothesis' asserts that facial muscles send signals to the brain which helps the brain to recognize which emotions one is experiencing. Consistent with this idea, when subjects were asked to change their facial expressions to specific emotions, they report feeling these emotions to a certain degree. Facial expressions that go with various emotions may be largely natural. People who have been blind since birth still smile when happy and frown when sad.

16.Explain the facial feedback hypothesis. (Figure 10.17)

Inputs to subcortical centres automatically evoke facial expressions associated with certain emotions, and the facial muscles then feed signals to the cortex that help it to recognize the emotion that one is experiencing. According to this view, facial expressions help create the subjective experience of various emotions.

17.Summarize cross-cultural similarities and variations in emotional experience.

Similarities:
●Considerable agreement in identification of happiness, sadness, anger, fear, surprise, and disgust, based on facial expressions.
●Somewhat more accurate in recognizing emotions expressed by people from their own culture than others.
●Reasonably convincing evidence that shows people in widely disparate cultures express their emotions and interpret in the same way.

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●Similarities have also been found in the cognitive and physiological elements of emotional experience.
●Evaluate situations along the same dimensions (pleasant vs unpleasant, expected vs unexpected, etc).
●Types of events that trigger specific emotions are fairly similar across cultures - achievements lead to joy, injustices to anger.
●Physiological arousal that accompanies emotion is largely the same.

Differences:
●Many cultural disparities in how people think about, experience, regulate, and express their emotions have been found.
●Japanese culture encourages socially engaging emotions (friendly feelings, sympathy, guilt), while NA culture encourages socially disengaging emotions (pride, anger) - and each feel those respective emotions more than the other.
●Variations in the way cultures categorize emotions.
●Some categories of emotions that are universally understood in western cultures go unrecognized or at least unnamed in some others.
●There are many examples of English words for emotions that have no equivalent in other languages - though that does not seem the emotions are not there in those cultures.
●The findings suggest that cultural disparities in naming emotions may not reflect differences in emotional processing.
●Disparities have also been found in nonverbal expressions of emotions.
●Although natural expressions for basic emotions seem to transcend culture, people can control and modify these expressions, and prescribe how, when, and to whom they are shown - these norms vary between cultures.
●Attitudes to specific emotions vary between cultures - in Japan they are socialized to mask negative emotions, the Ifaluk limit expressions of happiness.

18. Compare and contrast the James-Lange and Cannon-Bard theories of emotion. Explain how Schachter reconciled these conflicting views in his two-factor theory.

James- Lange Theory: the conscious experience of emotion results from one's perspective of autonomic arousal
●William James and Carl Lange
●You see a rattlesnake in the woods: the perception of visceral arousal leads to the conscious experience of fear - while you might assume your pulse is racing

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because of fear, James would argue that you are feeling fear because your pulse is racing.
●Emphasis on the physiological determinants of emotion.
●Different patterns of autonomic activation led to the experience of different emotions.
●People supposedly distinguish emotions such as fear, joy, and anger, on the basis of the exact configuration of physical reactions they experience.

Cannon-Bard Theory: emotion occurs when the thalamus sends signals simultaneously to the cortex (creating the conscious experience of emotion) and to the autonomic nervous system (creating autonomic arousal).
●Walter Cannon and Phillip Bard
●Found the James-Lange theory unconvincing - pointed out that physiological arousal may occur without the experience of emotion (like exercise), argues that visceral changes are too slow to precede the conscious experience of emotion, argued that people experiencing very different emotions exhibit almost identical patterns of autonomic arousal.
●Off the mark a bit in pinpointing the thalamus as the neutral centre for emotion.
●Many modern theorists agree that emotions originate in the subcortical brain structures, and that people do not discern their emotions from patterns of autonomic activation.

Schacter's Two-Factor Theory: people look at situational cues to differentiate among alternative emotions. The experience of emotion depends on two factors: autonomic arousal and cognitive interpretation of that arousal.
●Proposed that when you experience visceral arousal, you search your environment for an explanation.
●Agreed with the James-Lange view that emotion is inferred from arousal.
●Agreed with Cannon-Bard that emotions yield indistinguishable patterns of arousal.
●Limitations found: situations can't mould emotions in just any way at any time, when explaining arousal subjects do not limit themselves to the immediate situation - emotions are not as pliable as the two-factor theory initially suggested.

The two views were reconciled by arguing that people look to external rather than internal cues to differentiate and label their specific emotions. Suggested that

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people think along the following lines: ‘If I’m aroused and you’re obnoxious, I must be angry’.

19.Describe evolutionary theories of emotion.

Charles Darwin: Believed that emotions developed because of their adaptive value (fear helps one to avoid danger). View human emotions as a product of evolution - this serves as the premise for several prominent theories of emotions.

●Consider emotions to be largely innate reactions to certain stimuli.

●Emotions should be immediately recognizable under most conditions without thought.

●Believe that emotions developed before thought.

●Assert that thought plays a relatively small role in emotion, but admit that learning and cognition may have some influence on emotion.

●Assume that emotions originate in the subcortical brain structures that evolved before the higher brain areas in the cortex associated with complex thought.

●Assume that evolution has equipped humans with a small number of innate emotions with proven adaptive value.

●Conclude that there are 8-10 primary emotions, all agreed on a specific five: fear, anger, joy, disgust, and surprise. The potential adaptive value of these emotions is key to the evolutionary argument.

●Propose that the many emotions people experience is produced by the blends of primary emotions and variations in intensity.

20.The material presented in Chapter 10 is loaded with controversial material that well-meaning people could argue about for weeks. Describe the five fallacies that commonly show up in arguments about controversial issues such as the ones presented in this chapter.

Five Common Fallacies:

1. Irrelevant Reasons: Reasons cannot support an argument unless they are relevant to the conclusion.
2. Circular Reasoning: people vary their wording a little so it isn’t obvious, but when you look closely, the conclusion is the premise.
3. Slippery Slope: asserts that if you allow X to happen, things will spin out of control and far worse events will follow. The trick is that there is no inherent connection between X and the events that are predicted to follow.
4. Weak Analogies: the similarity between A and B is superficial, minimal or irrelevant to the issue at hand.

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5. False Dichotomy: creates an either-or choice between two outcomes - the outcome advocated and an obviously horrible outcome that no one would choose.

Emotion

What is emotion? A feeling? Then what is a feeling? These terms are difficult to define and even more difficult to understand completely. Feelings and emotions are related but are not the same thing.

Think of feelings as emotional sensations; for example, we can physically feel cold, etc., and can also emotionally feel cold, etc.

Emotions, on the other hand, are the interpretations to chemicals released in our bodies in response to how we interpret our feelings, for example, happy, sad, anger, etc.

People have been attempting to understand these phenomena for thousands of years and will most likely debate them for a thousand more.

The mainstream definition of emotion refers to a feeling state involving thoughts, physiological changes, and an outward expression or behaviour. But what comes first? The thought? The physiological arousal? The behaviour? Or does emotion exist in a vacuum, whether or not these other components are present?

Components of Emotion

Physical

The physical component of emotion is the arousal of the autonomic nervous system and endocrine system … in other words, it is the physiological arousal that accompanies the emotion. It starts in the brain and we are not consciously aware of this arousal.

Cognitive

The cognitive component is our interpretation of a stimulus or feeling … in other words, it determines the specific emotion that we feel. For example, if you are

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alone, sitting in the dark, watching a scary movie, and you hear a loud noise, you may become scared.

Behavioural

This component is the associated behaviour … in other words, it is the outward expression of the emotions. For example, we cry because we are sad, or we run because we are afraid.

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Unit 4: Human Development Across the Life Span

Key Terms

Accommodation- change, changing existing mental structures to explain new experiences.

Age of viability- between 22 and 26 weeks when a baby can survive if they are born prematurely

Assimilation- no change, interpreting new experiences in terms of existing mental structures without changing them.

Attachment- close, emotional bonds of affection between infant and caregiver; develops by 6-8 months old (also when separation anxiety first develops)

Centration- The tendency to focus on just one feature of a problem, neglecting other important aspect

Cognitive development- transitions in child's thinking patterns

Cohort effects- differences between age groups that are due to the groups growing up in different time periods ex boomers

Conservation- the principle (which Piaget believed to be a part of concrete operational reasoning) that properties such as mass, volume, and number remain the same despite changes in the forms of objects

Cross-sectional design- comparing groups of participants at different ages; subject to cohort effects

Crystallized intelligence- our accumulated knowledge and verbal skills; tends to increase with age

Dementia- abnormal condition marked by multiple cognitive deficits that include memory impairment

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Development- sequence of age-related changes that occur as a person progresses from conception to death

Developmental norms- median age that individuals display behaviours and abilities

Dishabituation- the restoration to full strength of a response to a stimulus that had previously become weakened through habituation

Egocentrism- A limited ability to share another person's viewpoint

Embryonic stage- - mass now called embryo
- cell division becomes more specialized to form vital organs
- already stat324rting to look human
- most miscarriages and birth defects occur in this stage

Family life cycle- a series of stages determined by a combination of age, marital status, and the presence or absence of children

Fetal alcohol syndrome (FAS)- collection of congenital problems associated with excessive alcohol use during pregnancy

Fetal stage- - rapid body growth and bones/muscle formation in first 2 months
- organs continue to grow and start to function
- sex organs develop in third month
- last 3 months: brain cells multiply, a layer of fat under skin forms, the respiratory and digestive system mature

Fluid intelligence- our ability to reason speedily and abstractly; tends to decrease during late adulthood

Gender- in psychology, the biologically and socially influenced characteristics by which people define male and female

Gender differences- Actual disparities between the sexes in typical behavior or average ability.
-a small number of stereotypes are accurate but to a very, very small degree.

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Gender roles- expectations of what is acceptable for each sex

Gender stereotypes- widely held beliefs about characteristics deemed appropriate for males and females

Germinal stage- - starts with zygote
- cell division within 36 hours of conception becomes a mass that travels along fallopian tube to uterus
- after 7 days, mass starts to implant itself to uterine wall and placenta starts forming

Habituation- gradual reduction in strength of response due to repetition of event

Irreversibility- the inability to envision reversing an action

Longitudinal design- observing 1 group of participants repeatedly over time

Maturation- development that reflects the gradual unfolding of one's genetic blueprint

Menarche- first period (indicates onset of puberty)

Motor development- progression of muscular coordination required for physical activities

Object permanence- the awareness that things continue to exist even when not perceived

Placenta- A structure that allows an embryo to be nourished with the mother's blood supply and allows waste to pass out via mother

Prenatal period- conception to birth (the 9 months of pregnancy)

Primary sex characteristics- structures necessary for reproduction such as testes penis, ovaries, vagina, uterus

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Puberty- stage when sexual function reach maturity and marks beginning of adolescence; primary sex characteristics fully develop

Pubescence- 2 years before puberty where changes leading to sexual maturity occur; develop secondary sex characteristics

Secondary sex characteristics- nonreproductive sexual characteristics, such as female breasts and hips, male voice quality, and body hair

Separation anxiety- emotional distress in infants when they are separated from someone they have an attachment with; peaks around 14-18 months then declines

Sex- the biological distinction between females and males

Socialization- acquisition of norms and behaviours expected of you in a society

Stage- a developmental period during which characteristic patterns of behavior are exhibited and certain capacities become established

Stage theory-

Strange situation procedure- infants are exposed to a series of eight separation and reunion episodes to assess the quality of their attachment

Temperament- characteristic mood, activity level, and emotional reactivity

Teratogens- external agents such as drugs or toxins that can harm embryo or fetus

Zone of proximal development (ZPD)- Vygotsky's concept of the difference between what a child can do alone and what that child can do with the help of a teacher

Zygote- one-celled organism formed by sperm and egg

Key People

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Mary Ainsworth- American psychologist who devised the Strange Situation procedure to measure attachment; contributed to attachment theory

Jay Belsky- research on attachment

John Bowlby- Attachment theory. Identified the characteristics of a child's attachment to his/her caregiver and the phases that a child experiences when separated from the caregiver.

Erik Erikson- Theory of Psychosocial Development:
emphasizes that societal expectations and opportunities can powerfully impact development, each stage involves a "crisis" that the individual must decide between, 8 stages

Harry Harlow-

Lawrence Kohlberg- stages of moral development:
preconventional, conventional, postconventional

James Marcia- Four Identity Statuses:
diffusion, foreclosure, moratorium, achievement

Jean Piaget- stages of cognitive development:
sensorimotor, preoperational, concrete operational, formal operational

Albert Thomas and Stella Chess- Conducted a 20-year longitudinal study that identified three basic classes of temperament

Lev Vygotsky- sociocultural theory of cognitive development
- emphasis on social interactions that provide invaluable guidance; cognitive growth
- language acquisition plays a crucial, central role; private speech (speech of others, private speech, internalized speech; which turns into the foundation of cognitive processes)
- zone of proximal development and scaffolding

Study Questions

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1. **Outline the major events of the three phases of prenatal development.**

-Germinal Stage: when the zygote is created through fertilizations (this stage lasts for two weeks after conception)
-Embryonic Stage: lasts from two weeks until the end of the second month. During this stage the embryo begins to develop structures like the heart, spine, and brain. Arms, legs, hands, feet, fingers, toes, eyes and years become discernable.
-Fetal Stage: lasts from two months until birth. Rapid bone growth begins to form, and physical movements become possible. Skeletal muscles harden, organs continue to grow and begin to function. Sex organs begin to develop during the third month. During the final three months the brain cells multiply, a layer of fat is deposited under the skin, and the respiratory and digestive systems all mature.

2. **Summarize the impact of environmental factors, including maternal health care, on prenatal development.**

Teratogens - external agents that can harm an embryo or fetus

Environmental factors:

Maternal drug use; impact varies depending on drug, dose and phase of development
- tobacco; miscarriage, stillbirth, SIDS, prematurity, attention deficits, hyperactivity
- alcohol; fetal alcohol syndrome - microcephaly, heart defects, irritability, delayed mental and motor ability
- prescription drugs
- recreational drugs; heroin - born addicted, birth defects, respiratory issues, prematurity, cocaine - birth complications, cognitive effects, marijuana - executive functioning, attention and problem-solving difficulty

Maternal illness and exposure to toxins
- fetal immune system matures late in the prenatal period
- rubella, syphilis, cholera, smallpox, mumps, severe flu
- herpes, AIDS
- air pollution, flame retardant chemicals
- care and guidance from health professionals early in pregnancy reduces prematurity and higher survival rates

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Maternal nutrition and emotions
- too much or too little weight gain; active lifestyle
- essential nutrients; maternal malnutrition increases birth complications and neurological defects
- anxiety and depression contribute to behavioural problems; disrupts prenatal hormone balance

Fetal origins of disease
- events during prenatal development influence vulnerability to various illnesses later in life
- malnutrition = schizophrenia, low birth weight = heart disease
- depression, mood disorders, diabetes, cancer.

3. **Describe the general trends and cultural variations in motor development.**

Motor development - the progression of muscular coordination required for physical activities

Maturation - development that reflects the gradual unfolding of one's genetic blueprint

Developmental norms - median age at which individuals display various behaviours and abilities; variations are normal

Cephalocaudal trend: head to foot development
Proximodistal trend: centre-outward direction

Cultural variations:
- dynamic interplay between experience and maturation; emergence of basic motor skills demonstrate that environmental factors can accelerate or slow down early motor development (ie. mothers who carry babies everywhere due to safety in rainforest, Kenya active efforts to train babies to sit, stand, walk)
- specialized motor skills unique to culture; maturation becomes less influential and experience becomes more critical.

4. **Summarize the findings of Thomas and Chess's longitudinal study of infant temperament.**

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Temperament - characteristic mood, activity level, and emotional reactivity; influenced by heredity, not unchangeable, modest cultural differences

Longitudinal study - one group of participants over a long period of time, tend to be more sensitive to developmental changes

Cross-sectional design - groups of participants of different ages at a single point in time

Cohort effects - differences between age groups are due to growing up in different time periods

Thomas and Chess
- temperamental individuality is well established by 2-3 months of age
- identified three basic temperaments:
1) Easy (40%): happy, regular eating and sleeping, adaptable, not readily upset
2) Slow to Warm Up (15%): less cheery, less regular in sleeping and eating, slower to adapt, wary of new experiences, moderate emotional reactivity
3) Difficult (10%): glum, erratic sleeping and eating, resistant to change, irritable
- Remaining 35% of children were a mixture of these.

Jerome Kagan
- Inhibited temperament (15-20%): shy, timid, wary of
unfamiliar people, objects and events
- Uninhibited (25-30%): less restrained, little trepidation towards unfamiliar.

5. **Summarize the research on infant-caregiver attachment, including cultural variations.**

Attachment - close, emotional bonds between infants and caregivers; universal feature of human development

Separation anxiety - emotional distress when infants are separated from people with whom they have an attachment; emerges 6-8 months and peaks at 14-18 months in cultures around the world

Theories of Attachment
Harry Harlow

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- behaviourist view that feeding (mother) was a conditioned reinforcer of attachment
- rhesus infant monkeys; terry cloth and wire "mothers"
- frightened monkeys would scramble to cloth "mothers" even if they weren't being fed by them

John Bowley
- influenced by evolutionary theories, biological basis
- behaviour such as cooing, clinging, etc triggers affection and protection from adults; adults are captivated and respond with warmth and love;
- survival value

Contemporary Theorists
- reproductive value; age and social maturity for successful mating

Patterns of Attachment
- Mary Ainsworth; "Strange Situation" - infants exposed to 8 different separation and reunion episodes to assess quality of attachment; some small cultural variations in the various patterns, but generally predominant is secure attachment around the world
- maternal behaviour and infant temperament both influence attachment
- internal working models develop from early attachment; influence future social and cognitive development
- Three patterns (fourth added later)
1) Secure: play, explore comfortably, upset when mother leaves, quickly calmed by her return
2) Anxious-ambivalent: anxious when mother is near, protest excessively when leaves, not particularly comforted when she returns
3) Avoidant: seek little contact with mother, not distressed when she leaves
4) Disorganized-disoriented: confused about approaching or avoiding mother, especially insecure.

6. Outline Erikson's stages of childhood personality development, and critique his theory.

Each stage brings about a psychosocial crisis; transitions into important social relationships

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Four Childhood Stages
1) Trust vs Mistrust: first year, basic biological needs; optimistic trusting attitude towards the world (vs) distrusting, pessimistic personality
2) Autonomy vs Shame: second/third year, toilet training, dressing, regulating behaviour; self-suffiency (vs) shame and self-doubt
3) Initiative vs Guilt: ages 3-6; experiment and take initiative; over-controlling parents, guilt, low self-esteem (vs) support, encouragement with appropriate controls
4) Industry vs Inferiority: ages 6-puberty; social realm is expanded; value achievement in less nurturing environment, take pride, competence (vs) inadequacy, inferiority

Strengths
- challenges stimulate personality development, connections are made between early experiences and adult personality

Weaknesses
- depends heavily on illustrative case studies
- "idealized" descriptions of "typical" developmental patterns
- does not take into consideration individual differences
- focuses on does not take into consideration other influences on personality development

7. Outline Piaget's stages of cognitive development, and critique his theory.

Cognitive development - transitions into patterns of thinking, including reasoning, remembering and problem-solving

Four stages of Cognitive Development

1) Sensory-motor stage: birth-2 years; ability to coordinate their sensory input with motor actions; gradual appearance of symbolic thought (mental symbols) from innate reflexes, object permanence (begins 4-8 months of age and masters at 18 months)

2) Preoperational stage: 2-7 years; flaws in mastering concepts; conservation (physical quantities remain constant in spite of changes to appearance or shape), centration (focus on one feature of a problem while neglecting the other aspects),

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irreversibility (inability to envision reversing an action), egocentrism (limited ability to share another viewpoint), animism (belief that all things are living)

3) Concrete operational stage: 7-11 years; children master reversibility and decentration, decline in egocentrism, gradual mastery of conservation, develop a variety of new problem-solving capacities, hierarchical classification problems

4) Formal operational stage: 11-adult; apply operations to abstract ideas; systematic, logical and reflective problem-solving efforts

Criticisms

- underestimated young children's cognitive development (ie. object permanence develops earlier than he thought)

- individual differences are not taken into consideration (ie. simultaneous display of patterns that are characteristic of several stages)

- sequence of stages is largely invariant but the timetable varies considerably across cultures.

8. **Summarize the debate about whether some cognitive abilities are innate. What research methods are used to investigate the cognitive abilities of young children?**

Habituation - a gradual reduction in the strength of a response when a stimulus events is presented repeatedly; if you show an infant the same event over and over, they habituate to it (heart and respiratory rates decline and they spend less time looking at it)

Dishabituation - occurs if a new stimulus elicits an increase in the strength of a habituated response; patterns of dishabituation provide insights into what types of events infants can tell apart, surprise or interest them and which violate their expectations.

- researchers have discovered that infants understand basic properties of objects and some of the rules that govern them

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- 3-4 months; objects are distinct entities with boundaries, move in continuious paths, one solid object cannot pass through another, object cannot pass through an opening smaller than the object, objects on slopes roll down rather than up, liquids are different from objects
- 5 month olds seem to be able to add and subtract small numbers
- research has shown that infants appear to understand surprising complex concept that they would have had virtually no opportunity to learn about; conclude that basic cognitive abilities are built in to neural arcitecture
- Nativists: strive to understand what is prewired and what isn't
- Evolutionary theorists: strive to understand why, natural selection perspective, understanding adapative significance.

9. Describe the milestones in the development of children's understanding of mental states.

- around age 2: distinguish between mental states and overt behaviour; they understand desires and emotions
- by age 3: talk about others' beliefs and thoughts, their own desires
- about age 4: consistently make connection between mental states and behaviour, understand how peoples beliefs, thoughts, and desires motivate and direct their behaviour
- understanding turns a corner between age 3-4 so that they gradually begin to understand that people hold false beliefs.

10. Outline Kohlberg's theory of moral development, and critique his theory.

- focus on moral reasoning rather than overt behaviour, three levels with 2 stages at each level, progress in moral reasoning is tied to cognitive development, great variations at the age in which people reach stages

Preconventional Level
- external authority, acts are wrong because they are punished, right because they lead to positive consequences

Conventional Level
- sees rules as necessary for social order, accepts rules as their own, internalize rules to be virtuous and win approval, moral thinking at this stage is relatively inflexible, rules are viewed as absolute guidelines that should be enforced rigidly

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Postconventional Level
- personal code of ethics, thinking shows flexibility and is less rigid, personal ethics may conflict with society rules

Criticisms
- signs of mixing of stages
- Kohlberg's dilemmas are not characteristic of all cultures; reflect a liberal, individualistic idealogy
- constricted focus on reasoning about interpersonal conflicts; ignores other aspects of moral development such as empathy, conscience, prosocial behaviour, moral emotions (shame, guilt)
- gender-biased, based on male responses; Carol Gillingham argues that males focus on morality of justice, female focus on relationships.

11. Describe the major events of puberty.

Adolescence begins around age 13 to 22, not universal across all cultures

Adolescent growth spurt - rapid growth in weight and height, due to hormonal changes, rising levels of leptin, starts around age 11 for girls and 13 for boys

Pubescence - two year span before puberty; development of secondary sex characteristics, physical features not essential for reproduction; facial hair, voice changes, skeletal and muscle growth, breast growth, widening of pelvic bones and fat deposits

Puberty - sexual functions reach maturity; primary sex characteristics, necessary for reproduction; testes, penis, ovaries, vagina, uterus; varies over about 5 year span; hereditary difference, family relationships; consequences of early development: emotional difficulties, drug and alcohol abuse

Menarche - first menstrual period for females.

12. Based on the research evidence on adolescent suicide, would you conclude that adolescence is a time of turmoil?

-Adolescence is a time of change and transition, no it is not a time of turmoil unless additional risk factors are at play

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- National Longitudinal Survey of Children and Youth reveals that most 12-13 year olds are happy and hopeful; many have experimented with dysfunctional behaviours but frequency was low overall; depressions are short lived
- suicide rates have increased fourfold sine 1960; however rates for this group are still the lowest

13. **Using research evidence on adolescent moods, behaviours, and conflicts, would you reach the same conclusion about adolescence being a time of turmoil for adolescents among Canada's Indigenous peoples?**

- cultural differences exist, 2-3 times higher suicide rates
- specific to certain contexts; personal and cultural continuity factors are crucial to serve as a foundation for identity
- markers for cultural continuity: land claims, self-government, education services, police and fire services, health services, cultural facilities

14. **Explain why the struggle for a sense of identity is particularly intense during adolescence. Discuss common patterns of identity formation (identity statuses).**

Struggle for a sense of identity is particularly intense during adolescence because individuals are finding a stable sense of identity or uniqueness and a set of values or ideology that will provide direction in their lives.

James Marcia; four identity statuses:
1) Identity diffusion: rudderless apathy, no commitment to an ideology
2) Identity foreclosure: premature commitment to visions, values, roles; usually prescribed by parents; conformity
3) Identity moratorium: delaying commitment to experience with alternatives
4) Identity achievement: arriving at a sense of self and direction after some consideration of alternatives

15. **Summarize the evidence regarding the stability of personality and the prevalence of the midlife crisis. Outline Erikson's three stages of adulthood.**

Percentile scores show that personality tends to be stable from age 20 - 40; however mean raw scores show extraversion, neurotism, and openness to experience tend to decline while agreeableness and consciountiousness tend to increase. Personality is characterised by both change and stability.

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Erikson's three stages of adulthood:
1) Intimacy vs. isolation; empathy, openness, capacity to share intimacy with others
2) Generatativity vs self-absorption; acquire genuine concern for welfare of future generations, unselfish guidance to youngers
3) Intergrity vs. despair; avoid tendancy to dwell on mistakes, wallow in bitterness and resentement, meaning and satisfaction

16. Describe the typical transitions in family relations during the adult years.

- diversity in family life; current trends postponing marriage, decline in marriages, increase in common-law relationships, remaining single, fewer divorces (and occur at a later age)
- adjusting to marriage; balancing work, marriage and finances, marital roles and disbursement of household chores
- adjusting to parenthood; 1st child major transition, dual roles for mother increased level of stress, lowers martial satisfaction (increased with more children, younger children), realistic expecations are important, adolescent conflicts affect parents more than children
- adjusting to empty nest; most adjust well, challenges arise when children return to home (boomerang kids, more than tripled since 1950's)

17. Describe the physical and cognitive changes associated with aging. For each physical and cognitive change, describe how that change affects everyday life.

- life expectancy has increased, surpassing 80 years, women +5 more than men (factors are lifestyle, genetics, personality)
- baby boomers higher suicide rates

Physical changes:
- hair loss, grey hair, receding hairline, baldness
- increase of body fat, decrease of muscle mass; affects self concept
- vision changes; farsightedness affects reading and driving, difficulty seeing at night
- hearing changes; undermines speech perception, affects cognitive processing
- hormonal; menopause, andropause; unpleasant symptoms, depression

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Neural changes:
- brain tissue and weight decline; normal part of aging
- dementia; Alzeimher's disease 70% of all dementia; 8 - 10 years gradual decline before death

Cognitive changes:
- general intelligence remains stable; fluid intelligence declines, crystalized intelligence increases
- declines in cognitive functioning.

18. Explain how Chapter 11 highlights the theme of the joint influence of heredity and environment.

- all aspects of development are shaped jointly by heredity and experience
- temperment for example

19. Summarize the evidence regarding gender differences in behaviour. Discuss the significance of these differences.

Differences do exist but they are generally smaller in size, fewer in number and more complex than stereotypes suggest. Biological and environmental factors both contribute.

Cognitive abilities
Females:
- exhibit slightly better verbal skills

Males:
- starting in highschool, show a slight advantage in mathematical ability
- in grade school years, score higher in most measures of visual-spatial ability

Personality and Social Behaviour
Females:
- core higher in extraversion, agreeableness, conscientiousness, neurotisism
- more rationally aggressive
- females more sensitive to non verbal cues and pay more attention to interpersonal information

Males:
- tend to be more physically aggresive
- more sexually active and have more permissive attitudes about sexual relations

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Evolutionary Explanations
- differences in cognitive abilities, aggression, sexual behhaviour are found in all cultures
- reproductive fitness explains gender gap
- spatial abilities reflect division of labour
- controversial; difficult to test empirically

Hormones
- during prenatal development; evidence is stronger for females than males, testerone levels were pos corr. with male typical play

Brain Organization
- some studies show that males tend to exhibit more cerebal specialization than females; depending more heavily on the left hemis. in verbal processing and more heavily on the right hemisphere in spatial processing
- females have a larger corpus callosum; might allow for better interhemispheric transfer
- difficult to prove; controversial; differences are believed to be largely shaped by experience (socialization and gender roles)

Development of Gender Roles
1. Operant Conditioning: reward and punishment (boys don't cry, etc)
2. Observational Learning: immitation of same-sex role models
3. Self Socialization: classify themselves and value characteristics and behaviours associated with their sex, strive to bring their behaviour in line with cultural gender appropriate expectations

Sources of Gender-Role Socialization
1. Families (roughhousing play, toys, household chores)
2. Schools (books, rewarding sex appropriate behaviour, gender gaps in math performance)
3. Media (reinforcement of gender stereotypes)

20. Are fathers essential to children's well-being? As Weiten and McCann (2019) note in the Critical Thinking Application section, this question is

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currently the subject of heated debate. What three critical thinking skills could you use to evaluate the argument?

- many types of evidence suggest that fathers promote normal, healthy development and provide a substantial advantage for children but are not essential

Three Critical Thinking Skills:
1. Correlation does not equal causation; other variables could be contributing factors.
2. Alternative explanations for correlation.
3. Is there contradictory evidence?
4. Recognize and avoid common fallacies.

Some prefer a stronger conclusion to advance a political agenda, beware of this and think critically.

Unit 5: Personality—Theory, Research, and Assessment

Key Terms

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Archetypes- According to Carl Jung, emotionally charged images and thought forms that have universal meaning.

Behaviourism-

Collective unconscious- Carl Jung's concept of a shared, inherited reservoir of memory traces from our species' history.

Collectivism- giving priority to the goals of one's group and defining one's identity accordingly

Compensation- efforts to overcome imagined or real inferiorities by developing one's abilities

Conscious- consists of whatever one is aware of at a particular point in time

Defence mechanisms- In psychoanalytic theory, the ego's protective methods of reducing anxiety by unconsciously distorting reality.

Displacement- diverting emotional feelings (usually anger) from their original source to a subtitle target

ex. being upset from work and taking it out on your partner at home

Ego- The largely conscious, "executive" part of personality that, according to Freud, mediates among the demands of the id, superego, and reality. The ego operates on the reality principle, satisfying the id's desires in ways that will realistically bring pleasure rather than pain.

Extraverts- tend to be interested in the external world of people and things

Factor analysis- correlations among many variables are analyzed to identify closely related clusters of variables

Fixation- according to Freud, a lingering focus of pleasure-seeking energies at an earlier psychosexual stage, in which conflicts were unresolved

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Hierarchy of needs- Maslow's pyramid of human needs, beginning at the base with physiological needs that must first be satisfied before higher-level safety needs and then psychological needs become active

Hindsight bias- I knew it all along phenomenon; the tendency to believe, after learning an outcome, that one would have foreseen it

Humanism- a theoretical orientation that emphasizes the unique qualities of humans, especially their freedom and their potential for personal growth
-people can rise above and control their biological/primitive urges
-people are largely conscious and rational beings and are not dominated by unconscious desires and conflicts
Carl Rogers and Abraham Maslow

Id- A reservoir of unconscious psychic energy that, according to Freud, strives to satisfy basic sexual and aggressive drives. The id operates on the pleasure principle, demanding immediate gratification.

Identification- bolstering self-esteem by forming an imaginary or real alliance with some person or group

ex. Joining the country club to feel successful and wealthy

Incongruence- The degree of disparity between one's self-concept and one's actual experience.
Carl Rogers, humanism

Individualism-

Introverts- tend to be preoccupied with the internal world of their own thoughts, feelings, and experiences

Model- a person whose behaviour is observed by another

Narcissism- a personality trait marked by an inflated sense of importance, a need for attention and admiration, a sense of entitlement, and a tendency to exploit others

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Need for self-actualization-

Observational learning- learning by observing others (models)

Oedipal complex- According to Freud, children's manifestation of erotically tinged desires for their opposite-sex parent, accompanied by feelings of hostility toward their same-sex parent.

Personal unconscious-

Personality- an individual's characteristic pattern of thinking, feeling, and acting

Personality trait- enduring characteristics that describe an individual's behavior

Phenomenological approach- The assumption that one must appreciate individuals' personal, subjective experiences to truly understand their behavior. humanism

Pleasure principle- Freud's theory regarding the id's desire to maximize pleasure and minimize pain in order to achieve immediate gratification.

Preconscious- in Freud's theory, the level of consciousness in which thoughts and feelings are not conscious but are readily retrievable to consciousness

Projection- Attributing one's own thoughts, feelings, or motives to another. (Usually things we feel guilty about)

ex. a woman who dislikes her boss thinks she likes her boss but feels that her boss doesn't like her

Projective tests- personality assessments that present ambiguous visual stimuli to the client and ask the client to respond with whatever comes to mind

Psychodynamic theories- Theories that explain behavior and personality in terms of unconscious energy dynamics within the individual

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Psychosexual stages- the childhood stages of development (oral, anal, phallic, latency, genital) during which, according to Freud, the id's pleasure-seeking energies focus on distinct erogenous zones

Rationalization- Creating false but plausible excuses to justify unacceptable behavior.

Reaction formation- behaving in a way that's exactly the opposite of one's true feelings

Reality principle- the governing principle of the ego, which involves considerations of social acceptability and practicality

Reciprocal determinism- the interacting influences of behavior, internal cognition, and environment
Bandura

Regression- A reversion to immature patterns of behavior.

ex. Eating comfort foods from your childhood when you feel stressed out or sad

Repression- Keeping distressing thoughts and feelings buried in the unconscious

Self-actualizing persons- people with exceptionally healthy personalities, marked by continued personal growth

Self-concept- our understanding and evaluation of who we are

Self-efficacy- one's sense of competence and effectiveness

Self-enhancement- the desire to maintain, increase, or protect one's positive self-views

Self-report inventories- personality tests that ask individuals to answer a series of questions about their characteristic behavior

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Striving for superiority- According to Adler, the universal drive to adapt, improve oneself, and master life's challenges

Sublimation- unconscious, unacceptable impulses are channeled into socially acceptable, perhaps even admirable, behaviours
(the healthiest defence mechanism)

ex. dealing with aggressive impulses by working out

Superego- The part of personality that, according to Freud, represents internalized ideals and provides standards for judgment (the conscience) and for future aspirations.

Unconscious- according to Freud, a reservoir of mostly unacceptable thoughts, wishes, feelings, and memories. According to contemporary psychologists, information processing of which we are unaware

Key People

Alfred Adler- Neo-Freudian; introduced concept of "inferiority complex" and stressed the importance of birth order

Albert Bandura- observational learning, social cognitive theory

David Buss- Big 5 personality traits are related to evolutionary psychology

Raymond Cattell-

Norman Endler- personality traits interact with situational factors to produce behaviour

Hans Eysenck- personality theorist; asserted that personality is largely determined by genes, used introversion/extroversion

Sigmund Freud- Freud's Five Stages of Development: 1. Oral Stage.
2. Anal Stage.
3. Phallic Stage.

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4. Latency Stage.
5. Genital Stage.
Oral Stage

- Freud's first stage of psychosexual development during which pleasure is centered in the mouth.

Anal Stage
- Freud's second stage of development during which a child learns to control his bodily excretions.

Phallic Stage
- Freud's third stage of development, when the penis becomes the focus of concern and pleasure.

Latency Stage
- The fourth psychosexual stage, in which the primary focus is on the further development of intellectual, creative, interpersonal, and athletic skills.

Genital Stage
- Freud's last stage of personality development, from the onset of puberty through adulthood, during which the sexual conflicts of childhood resurface (at puberty) and are often resolved during adolescence).

Austrian physician whose work focused on the unconscious causes of behavior and personality formation; founded psychoanalysis

Carl Jung-neo-freudian. people had conscious and unconscious awareness; archetypes; collective unconscious

Abraham Maslow-Humanistic psychologist known for his "Hierarchy of Needs" and the concept of "self-actualization"

Walter Mischel-Believes human behaviour is largely determined by the situation rather than traits

Delroy Paulhus-repression is the most common defence mechanism

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Carl Rogers-neo-freudian. people had conscious and unconscious awareness; archetypes; collective unconscious - Humanisic; self-concept and unconditional positive regard drive personality

B. F. Skinner-behaviorism; pioneer in operant conditioning; behavior (personality too) is based on an organism's reinforcement history

Study Questions

1. **Define the construct of personality in terms of consistency and distinctiveness.**

consistency: individuals have a fairly consistent way they behave across time and situations
- distinctiveness: people have unique personalities that lead them to act differently from one another
- personality is defined as an individual's unique constellation of consistent behavioural traits

2. **Explain what is meant by a personality trait. Describe the five-factor model of personality.**

- personality trait: a durable disposition to behave in a particular way in a variety of situations
- the five factor model of personality: there are 5 high-order personality traits that can describe everyones personality - extraversion, openness, agreeableness, neuroticism and consciousness

3. **Describe the three structures into which Freud divided personality. Explain how his three levels of awareness are superimposed on these psychic structures.**

- three structures of personality: id, ego and superego
- three levels of awareness: conscious, preconscious and unconscious
- conscious: contact with outside world
- preconcious: material just beneath the surface of awareness
- unconscious: difficult to retrieve material; well below the surface of awareness
- the id is all in unconscious
- the ego and superego are both in the conscious, preconscious and unconscious

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- the conscious personality is such a small part of the whole personality

4. **Explain the dominance of sexual and aggressive conflicts in Freud's theory. Describe the operation of defence mechanisms.**

- Freud believe peoples lives are dominated by conflict
- id wants to immediately gratify itself, but ego keeps the id in check until appropriate to gratify
- sex and aggression behaviours more likely to result in conflict because have 1. complex and ambiguous social controls and 2. get controlled the most because have the least opportunities to appropriately act on these urges

- the ego creates anxiety by worrying about the id and superego getting out of control
- defence mechanisms are largely unconscious reactions that protect a person from unpleasant emotions such as anxiety or guilt
- they are self-deception
- It has been suggested that age and habit may influence a person's choice of defense mechanism.
- rationalization: creating false but plausible excuses to justify unacceptable behaviour
- repression: keeping distressing thoughts and feelings buried in the subconscious
- projection: attributing your own thoughts, feelings and behaviours to another
- displacement: diverting emotional feelings from their original source to a substitute target
- reaction formation: behaving in a way that's exactly opposite to how one feels (ridiculing homosexuals are defending against their own latent homosexual impulses), marked by exaggerated quality of the opposite behaviour)
- regression: reversion to immature patterns of behaviour, marked by massive exaggerations that everyone can see through
- Identification: bolstering self-esteem by forming an imaginary or real reliance with some person or group (child identifying with movie star)
- sublimation: unconscious, unacceptable impulses are channeled to socially acceptable behaviours (aggression --> boxing)
- Denial: a person simply does not acknowledge a painful experience or thought.
- Undoing: involves making restitution for an unacceptable act or thought. It often involves magical rituals or gestures, such as Shakespeare's Lady Macbeth, who

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plotted to kill Duncan and then continuously washed her hands as if to cleanse herself of his blood

5. **Outline Freud's psychosexual stages of development and their theorized relations to adult personality.**

- Freud thought personality is laid out by 5 years old, but not finished completely
- each stage has a characteristic sexual focus that leaves a mark on adult personality
- each stage has a task that must be overcome and fixation occurs is one doesn't move forward from one stage to another as expected
- oral stage: 0-1 yo, oral focus, could form basis for obsessive eating or smoking later in life
- anal stage: 2-3 yo, pleasure from bowel movements, if overpunished during this stage b/c bad at toilet training could lead to anxiety about sexual activities later in life
- phallic stage: 4-5 yo, in boys Oedipal complex emerges and develop erotically tinged preference for mother and feel hostile towards father, girls develop preference for father and feel hostile towards mother for not having penis, healthy psychosexual development hinges on resolution of Oedipal complex
- latency stage: 6-12 yo, sexuality is suppressed, children must expand social contacts past family
- genital stage: puberty and onward, sexuality reemerges and energy is channeled towards peers of the opposite sex

6. **Summarize the revisions to Freud's theory proposed by Jung and by Adler.**

- they felt Freud overemphasized sexuality
- Jung proposed the unconscious consists of two layers and thought there was a "collective unconcious" shared by us and our ancestors
- Adler proposed the main motivation in life is striving for superiority and not physical gratification (Freud thought this)

7. **Summarize the strengths and weaknesses of the psychodynamic approach to personality.**

- strengths: what the theories assert has generally been shown to be true
- weaknesses: 1. not really testable - ideas are vague and conjectural to be tested scientifically, 2. inadequate evidence - too much of the evidence for these theories is from case studies of single people, 3. sexism - male-centered point of view

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(penis envy), 4. unrepresentative samples - Freud's theories were based on upper class, neurotic, sexually repressed Viennese women

8. **Explain how Skinner's principles of operant conditioning can be applied to an understanding of personality.**

- Skinner believed that personality is nothing but a set of response tendencies learned through experience
- we learn response tendencies through operant learning - if we get positive feedback, we do this response more, if negative feedback, we do this response less

9. **Describe Bandura's social learning theory.**

- environment, behaviour and the personal factors all affect each other (called reciprocal determinism)

10. **Identify Mischel's major contribution to personality theory. Why have his ideas generated so much controversy?**

- behaviour as predicted by personality is not as stable as previously thought
- behaviour depends on both personality and situational factors
- one who is honest, can act dishonest if the situation is right

11. **Summarize the strengths and weaknesses of the behavioural approach to personality.**

- strengths: more evidence to support them than psychoanalytical theories
- weaknesses: 1. dehumanizing nature of radical behaviourism
2. dilution of behavioural approach: behavioural theories are not supposed to include internal processes, but behavioural personality theories did

12. **Explain how humanism was a reaction against both the behavioural and psychodynamic approaches. Outline the assumptions of the humanistic view.**

- said that behavioural and psychoanalytical theories were dehumanizing
- Freudian theory assumed behaviour was driven by primal, animalistic drives
- Behavioural theory criticized for its reliance on animal observation and and mechanistic, fragmented view of personality

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- assumes: 1. people can rise above their primitive heritage and control their biological urges 2. people are conscious beings who are not dominated by irrational, unconscious thought processes

13. Identify the single structural construct in Rogers's person-centred theory. Summarize his view of personality development.

- self-concept
- if self-concept and actual experience do not match, we get incongruence that leads to anxiety that defend against
- conditional love leads to more incongruence b/c children block out experiences that make them feel unworthy of love

14. Explain what Maslow meant by self-actualization. Summarize his findings on self-actualizing people.

- self-actualization is the need to fulfill one's potential
- self-actualizing people are people with exceptionally healthy personalities, marked by CONTINUOUS PERSONAL GROWTH
- self-actualizing people are: 1. tuned into reality
2. at peace with themselves
3. open and spontaneous
4. retain a fresh appreciation of the world around them
5. sensitive to others' needs
6. enjoy rewarding personal relationships
7. not dependent on others or uncomfortable with solitude
8. they thrive on their work
9. enjoy their sense of humour
10. they have peak experiences
11. they strike a nice balance in polarities of personality

15. Summarize the strengths and weaknesses of the humanistic approach to personality.

- strengths: the identification that subjective reality may be more important than objective
- weaknesses: 1. poor testability - just like psychoanalytic, theories are difficult to test with scientific method
2. Unrealistic view of human nature - self-actualizing people are perfect

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3. Inadequate evidence - not a lot of research done to definitively prove the existence of concepts described in humanistic theories

16. Describe Eysenck's biological theory of personality.

- personality is determined to a large extent by a person's genes
- 3 broad constructs that can each be broken down into more specific constructs
- extraversion-introversion, neuroticism-stability, psychoticism- self-control
- extraversion - sociable, assertive, active and lively
- neuroticism - anxious, tense, moody and low in self-esteem
- psychoticism - egocentric, impulsive, cold and antisocial
- high order trait (extraversion) --> trait (sensation-seeking)--> habitual responses --> specific responses

17. Summarize the evidence regarding personality similarity in twins and other research on the heritability of personality.

- identical twins shown to be much more similar on ALL Big 5 traits than fraternal twins
- Minnesota study showed greatest evidence for heredity of personality traits b/c identical twins reared apart were more similar in personality than twins reared in the same house
- heritability of personality traits somewhere around 50%

18. Summarize the evolutionary approach to personality.

- evolutionary theories on personality development assert that common traits came about b/c were favourable to survival
- David Buss says: humans have always been reliant on groups, the Big 5 traits were important b/c increase chance of being liked by group and thus are helped out by the group

19. Summarize the strengths and weaknesses of the biological approach to personality.

- weaknesses: 1. biological personality theories are obsessed with heritability ratios but they are ball-park figures and we will never get the exact number
2. try to carve behaviour into genetic and environmental components, but the interaction b/t the two is very complex and can't be separated cleanly

20. Describe the connection between culture and personality

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- all cultures possess the Big 5 personality traits, but each possesses at a modest diff. in level
- little to no relation between how someone thinks their culture would score on the Big 5 test (national character) and how they actually scored
- American culture fosters a independent self-system where person sees themselves are own unique individual
- Japanese and Chinese cultures may foster interdepedent self-system where person sees themselves are connected with others
- collectivists (put group goals ahead of individual goals and define themselves in terms of their group) have more accurate self-concept than individualists (put personal goals ahead of group goals and define themselves in terms of personal attributes, not group membership) b/c distort self-concept by engaging in self-enhancement

21.Outline the four principal uses of personality tests.

1. making clinical diagnoses of psychological disorders
2. vocational counselling
3. personnel selection in business and industry
4. measuring specific personality traits for research purposes

22.Describe the self-report inventories. Summarize their strengths and weaknesses.

- people give answers to questions about their characteristic behaviour (b/c they know themselves the best)
- strengths: more objective and precise estimates of the person's assertiveness
- weaknesses: susceptible to 1. deliberate deception (if people know the purpose of the test, might have reason to give fake answer) (when applying for a job), 2. social desirability bias (not purposeful deception, but instead wishful thinking)3. response sets (people tend to answer questions in a predictable way, answer all as agree very much, or answer all as somewhat agree)
- strategies to overcome weaknesses: 1. lie scale for deliberate deception, 2. drop items that are likely to fall to social desirability bias, 3. vary the way the questions are worded for response sets

23.Describe the projective tests. Summarize their strengths and weaknesses.

- ask people to respond to vague stimuli which will reveal the subjects needs, feelings and personality traits

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- the projective hypothesis - these tests are a blank sheet which partic. will project their personalities onto
- strengths: 1. not transparent to respondents, 2. indirect approach makes them especially sensitive to unconscious, latent features of personality
- weaknesses: poor reliability and validity and poor cross-culture comparison; contrary to belief are susceptible to deception

24.Describe the role of hindsight bias in everyday analyses of personality.

- hindsight bias: the tendency to mould one's interpretation of the past to fit how events actually turned out
- when personality theorists start with how an individual has turned out, it is easy for them to fit that outcome into their personality
- also affects how we recall the events that lead to the outcome

Unit 6: Social Behaviour

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Key Terms

Attitudes- A belief and a feeling that predisposes one to respond in a particular way to objects, people, and events; manner of acting or conducting yourself

Attributions- inferences that people draw about the causes of events, others' behavior, and their own behavior

Bystander effect- the tendency for any given bystander to be less likely to give aid if other bystanders are present

Channel- the means by which a message is communicated

Cognitive dissonance- unpleasant mental experience of tension resulting from two conflicting thoughts or beliefs

Collectivism- giving priority to the goals of one's group and defining one's identity accordingly

Commitment- an intent to maintain a relationship in spite of the difficulties and costs that may arise

Companionate love- warm, trusting, tolerant affection for another whose life is deeply intertwined with one's own.

Conformity- Adjusting one's behavior or thinking to coincide with a group standard.

Defensive attribution- The tendency to blame victims for their misfortune, so that one feels less likely to be victimized in a similar way.

Discrimination- Behaving differently, usually unfairly, toward the members of a group.

Elaboration likelihood model- a model of persuasion maintaining that there are two different routes to persuasion: the central route and the peripheral route

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Ethnocentrism- evaluation of other cultures according to preconceptions originating in the standards and customs of one's own culture.

Explicit attitudes- attitudes that we consciously endorse and can easily report

1.Internal attributions, 2.External attributions- 1. ascribe the causes of behaviour to personal dispositions, traits, abilities and feelings
2. ascribe causes of behaviour to situational demands and environmental constraints

Foot-in-the-door technique- asking for a small commitment and, after gaining compliance, asking for a bigger commitment

Fundamental attribution error- observers' bias in favour of internal attributions in explaining others' behaviour

Group- consists of two or more individuals who interact and are interdependent**.**

Group cohesiveness- strength of the liking relationships linking group members to each other and to the group itself

Group polarization- the enhancement of a group's prevailing attitudes through discussion within the group

Groupthink- A situation in which group members seek unanimous agreement despite their individual doubts

Illusory correlation- when people estimate that they have encountered more confirmations of an association between social traits than they have actually seen - type of bias in person perception

Implicit attitudes- Attitudes that are involuntary, uncontrollable, and at times unconscious

Individualism- a social theory favoring freedom of action for individuals over collective or state control.

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Informational influence- conformity occurring when people accept evidence about reality provided by other people

1.Ingroup, 2. Outgroup- 1. a group that one belongs to and identifies with
2. a group that one does not belong to or identify with

Interpersonal attraction- positive feelings toward another
- liking, friendship, admiration, lust and love

Intimacy- warmth, closeness and sharing in a relationship

Lowball technique- Getting someone to commit to an attractive proposition before revealing the hidden costs

Matching hypothesis- the tendency to develop relationships with people who are approximately as attractive as we are

Mere exposure effect- The finding that the more exposure we have to a stimulus, the more apt we are to like it

Message- the information transmitted by the source

Normative influence- a phenomenon that occurs when another person's behavior provides information about what is appropriate

Obedience- A form of compliance that occurs when people follow direct commands, usually from someone in a position of authority

Passionate love- an experience involving feelings of euphoria, intimacy, and intense sexual attraction

Person perception- the process of forming impressions of others
- people are good at peicing together clues of others characteristics
- however, impressions are often inaccurate because of the many biases and fallicies common in person perception (attractiveness, cognitive schemas, stereotypes)

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Prejudice- A negative attitude toward an entire category of people, often an ethnic or racial minority.

Receiver- the person who receives the message

Reciprocity norm- an expectation that people will help, not hurt, those who have helped them

Self-serving bias- the tendency to perceive oneself favorably

Social loafing- phenomenon whereby individuals become less productive in groups

Social neuroscience- an approach to research and theory in social psychology that "integrates models of neuroscience and social psychology to study the mechanisms of social behaviour"

Social psychology- the scientific study of how we think about, influence, and relate to one another

Social roles- widely shared expectations about how individuals in certain roles are supposed to behave
- one way that social influence can change our behaviour

Social schemas- organized clusters of ideas about categories of social events and people
- help individuals efficiently process and store the wealth of information that they take in about others in their interactions (but not always accurate)

Source- a place, person, or thing from which something comes or can be obtained.

Stereotypes- widely held beliefs that people have certain characteristics because of their membership in a certain group
- most common are based on sex, age and membership in ethnic or occupational groups
- like social schemas, help individuals understand others efficiently, but not always accurate

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Key People

Solomon Asch-conducted studies that found that group size and group unanimity are key determinants of conformity
- conformity increased sharply when group size increased from two to four members and then leveled off
- if one person doesn't agree with group's decision, it will break conformity

Ellen Berscheid & Elaine Hatfield- did research on love
- proposed that romantic relationships are characterized by two kinds of love: passionate love and companionate love

John Cacioppo-proposed the elaboration likelihood model
- two basic routes to persuasion: central route (focus on content and logic of message) and peripheral route (focus on attractiveness, credibility, emotion)
- central route leads to more durable persuasion

William Cunningham-conducted social neuroscience studies on implicit and explicit evaluations to explore the role of the amygdala in people's responses to white and black faces
- white participants showed greater activation of the amygdala (fear center) when presented with black faces (especially true in individuals who are racially biased)

Leon Festinger-created dissonance theory
- inconsistency among attitudes propels people in the direction of attitude change
- individuals who did a boring task and were paid a lot to do it rated task worse than individuals who were paid less (counterintuitive)
- individuals who were paid less had to change the way they think to justify why they did the task and thus rated the task as less boring to make the amount of money they were paid seem worthy

Cindy Hazen and Philip Shaver- conducted research on the similarity b/t love and attachment relationships in infancy
- indiv. who had anxious-ambivalent attachment in infancy will have romantic relationship marked by anxiety and ambivalence
- people relive the infant attachment process in adulthood

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Fritz Heider- first to describe how people make attributions
- said that people tend to say the cause of behaviour comes from within or from the environment

Irving Janis- first to describe groupthink
- groupthink: when members of a cohesive group emphasize concurrence instead of critical thinking to arrive at a decision

Dennis Krebs- conducted research on evolutionary explanation for bias in person perception
- argued that person perception is swayed by physical attractiveness b/c attractiveness was associated with reproductive potential in women and health, vigor and accumulation of resources in men

Stanley Milgram- conducted studies on willingness to follow orders
- individuals continued to administer shocks when told to do so
- showed authority can cause people to do things they otherwise wouldn't

Robert Sternberg- further refined the distinction b/t passionate and companionate love
- said companionate love can be divided into intimacy and commitment (so passion, intimacy and commitment)
- passion quickly peaks and then sharply decreases at beginning of relationship, intimacy gradually builds and commitment quickly peaks and then levels off

Bernard Weiner- created model of attributions for success and failure
- internal-external dimension and stability dimension

Mark Zanna- conducted research that showed that our perception of others is a self-fulfilling prophecy
- conducted the interview where the white male interviewed a white and black male
- when the white male interviewed the black male, they tended to sit further away, make more speech errors and not make eye contact)

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- then did interview that showed that when you acted this way towards anyone, it makes them do poorer in interview, so your belief about someone makes you act in a certain way that then confirms your beliefs

Study Questions

1. **Describe how various aspects of physical appearance may influence our impressions of others.**

-we rate physically attractive people more favourably
- our perceptions of attractive people are swayed by our want to bond with them
- study by Dion: attractive kids were rated more favourably by other young kids (therefore our bias towards attractiveness starts early)
- also, tend to look at attractive people are more competent
- people are also quite good at drawing inferences about people based on their nonverbal expressiveness
- attractiveness does not tend to bias perceptions of honesty and integrity

2. **Explain how schemas, stereotypes, and other factors contribute to selectivity in person perception.**

- schemas: organized clusters of ideas and categories of social events and people
- we place people in categories to help us understand others faster, but these aren't always correct
- stereotypes: widely held beliefs that people have certain characteristics because of their membership in a particular group
- our perceptions of others are a self-fulfilling prophecy (Mark Zanna research)

3. **Summarize the evolutionary perspective on bias in person perception.**

- perception of person is swayed by attractiveness because attractiveness is associated with reproductive potential in women and health, vigor and material resources in men
- schemas were created so we could quickly identify others are either friend or foe (ingroup or outgroup)
- if judged as outgroup we feel jusified in not liking them or in discriminating against them
- evolutionary psychologists say bias is person perception is because of cognitive mechanisms shaped through evolution

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4. **What are attributions? Why and when do we make them?**

- attributions: inferences that draw about the causes of events, others' behaviour and their own behaviour
- some theorists think inferences about our own behaviours end when we find an explanation that makes the reason for us doing something to sound the best
- we make attributions because we have a strong need to understand our behaviours

5. **Distinguish between internal and external attributions. Summarize Weiner's theory of attribution.**

- Heider said individuals tend to locate the cause of behaviour as either inside them (personal factors) or outside them (environmental factors)
- whether we attribute an event to internal or external behaviour has large effect on our
- Weiner's theory of attribution: people not only locate attributions as internal or external but also as stable (permanent) or unstable (temporary)

6. **Describe several types of attributional bias and cultural variations in attributional tendencies.**

- attributions are only inferences and may not be accurate

1. actor-observer bias: observer (person making attribution) are more likely to explain by internal factors and actor (person being judged) is more likely to attribute behaviour to external causes

- fundamental attribution error: refers to observers' bias in favour of internal attributions in explaining others' behaviour (b/c situational causes may not be readily apparent to an observer)
- also most individuals feel that few situations are so coercive that they negate all freedom of choice
- defensive attribution: tendency to blame victims for their misfortune, so that one feels less likely to be victimized in a similar way
- tend to blame these things on gross negligence b/c if say situational then we must admit it could happen to us as well
- more defensive attribution for individuals who believe the world is a just place
- self-serving bias: tendency to attribute one's successes to personal factors and one's failure's to situational factors

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- collectivist cultures may promote different biases than individualistic cultures (less prone to fundamental attribution error, more likely to assume behaviour reflects adherence to group norms)
- self-serving bias is highest in individualistic, Western societies
- Japanese subjects show self-effacing bias, attribute success in task to the help they received or to the ease of the task and not to their ability, more self-critical when fail and are more likely to accept responsibility for their failure and use it as impetus for self-improvement

7. **Summarize the evidence for three key factors in attraction.**

1. Physical attractiveness: people who are more attractive have greater mating success
- matching hypothesis: males and females of approximately equal physical attractiveness are likely to select each other as partners
- less attractive individuals place less emphasis on physical attractiveness
2. Similarity effects: individuals who are similar tend to be together , not "opposites attract"

8. **Describe the different categorizations of love. Describe cultural variations in romantic attraction.**

- passionate love: complete obsorption in another that includes tender sexual feelings and the agony and ecstasy of intense emotion
- companionate love: warm, trusting, tolerant affection for another whose life is deeply intertwined with one's own
- companionate love is greater associated with relationship satisfaction than passionate love
- Robert Steiberg said companionate love can be further divided into intimacy and commitment and passion reaches peak early and decreases while intimacy and commitment increase through relationship
- individuals tend to repeat attachment behaviour they had when infant, when they are adults
- cultures vary in the requirement of passionate love as a prerequisite for marriage
- some cultures think of who to marry in terms of "What will my parents and other people say?" and not "What does my heart say?"

9. **Describe the evolutionary perspective on attraction.**

- good looks mean good health, good genes and high fertility

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- facial symmetry is the key determinant of attractiveness even across cultures
- women's waist to hip ratio (0.70-0.80 is ideal) also determinant of attractiveness that transcends culture (possibly b/c means health, young and not pregnant)
- men more interested than women in finding someone youthful and physically attractive
- very attractive women want their partner to exhibit both physical attractiveness and economic potential
- when women are approaching ovulation, their preferences switch toward a more masculine appearing man
- strippers earn more tip money per night when they are in their most fertile period

10. Describe the three components of attitudes and the relationship between attitudes and behaviour.

- attitudes: positive or negative evaluations of objects of thought
- cognitive component: the belief that people hold about the object of an attitude
- affective component: the emotional feelings stimulated by an object of thought
- behavioural component: the predisposition to act in certain ways toward an attitude object
- attitudes vary in:

1. strength: firmly held, durable over time and have strong impact on behaviour
2. accessibility: how often the attitude is thought of
3. ambivalence: conflicted positive and negative evaluations about an attitude object

- correlation between attitude and behaviour is 0.41
- strength, accessibility and ambivalence are related to the connection between attitude and behaviour
- only moderate link b/t attitude and behaviour b/c attitudes are often measured in general, global ways which are not likely to predict specific behaviours
- also, when social pressure is high link b/t attitude and behaviour is even less

11. Summarize evidence on source factors, message factors, and receiver factors that influence the process of persuasion.

- source: the person who sends a communication
- receiver: the person to whom the message is sent
- message: the information transmitted by the source
- channel: the medium through which the message is sent

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- evidence on source factors: persuasion is more successful when the source has high credibility, this is either shown through expertise or trustworthiness, trustworthiness may be more important than expertise, trustworthiness is increased when people go argue against their own known attitude, the more you like someone, the more persuasive they are
- evidence on message factors: two sided arguments tend to be more effective (b/c increases credibility), just focus on your strong points, message will be more persuasive if can arouse fear, but outcome must be exceedingly unpleasant, fairly probably and avoidable if follow your message, repeating a message many times makes it more valid, the mere exposure effect - being exposed to something more times, makes you like it more
- evidence on receiver factors: no personality traits linked to ease of persuasion, if you expect to be persuaded the persuasion will have less effect, if the receiver has a strong counter attitude, the will be harder to persuade

12. Explain how cognitive dissonance can account for the effects of counter-attitudinal behaviour and effort justification.

- cognitive dissonance: attitude inconsistencies prople people in the direction of attitude change
- Leon Festinger's study: people who were only paid $1 had higher dissonance and thus changed their cognition about the task and rated it as more favourable
- effort justification: people turn attitudinal somersaults to justify efforts that haven't panned out

13. Relate learning theory and the elaboration likelihood model to attitude change.

- elaboration likelihood model: there are two basic "routes" to persuasion
- central route: people carefully ponder the content and logic of persuasive messages
- peripheral route: pesuasion depends on nonmessage factors, such as the attractiveness and credibility of the source or on conditional emotional response
- according to elaboration model, durability of persuasion depends on how much individuals elaborate on the content of the message, therefore central route is better for persuasion
- persuasion through central route is also better predictor of behaviour

14. Describe Asch's work on conformity.

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- conformity: when people yield to real or imagined social pressure
- Solomon Asch's procedure of matching sticks
- there was a large jump in conformity for the 3rd and 4th person and then leveled off
- group size and group unanimity are key determinants of conformity
- if one person disagreed with the group (broke unanimity), the test subject would break conformity easier
- people conform because: 1. normative influence: operates when people conform to social norms for fear of negative social consequences 2. informational influence: operates when people look to others for guidance about how to behave in ambiguous situations
- "informational influence is all about being right, normative influence is all about being liked."

15. Describe Milgram's study on obedience to authority, and outline the ensuing controversy.

- obedience: a form of compliance that occurs when people follow direct commands, usually from someone in a position of authority
- Milgram's shock study
- when there were two individuals shocking others and both agreed the shocking continued, but when one disagreed, the other tended to stop as well
- according to Burger's study, people are just as obedient today as they were in the 1960s

16. Discuss cultural variations in conformity and obedience.

- conformity and obedience transcend culture
- conformity appear to be subject to cultural variations
- collectivist cultures that emphasize respect for group norms, cooperation, harmony probably encourage more conformity than individualistic cultures
- conforming in other cultures is more accepted

17. Discuss the nature of groups and the bystander effect.

- group: two or more individuals who interact and are interdependent
- nature of groups is evolving due to technology
- traditional groups have a leader, modern groups have shared leadership
- traditional groups had a top-down structure, modern groups often coalesce on their own to explore shared interests

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- we behave differently in a group than if we are by ourselves
- the bystander effect: people are less likely to provide needed help when they are in groups than when they are alone
- probability that you will help decreases as the group gets larger
- subjects who were alone helped 75% of time, with others only 53% of time
- bystander effect is less likely to occur if person is definitely in danger and if bystanders are friends
- diffusion of responsibility occurs when they are many people, you think "someone else will help that person"

18. Summarize the evidence regarding group productivity and group decision making.

- individual productivity does decline in larger groups
- one cause is loss of coordination among workers efforts (some people will be doing the same thing, when only one person is required)
- second cause is social loafing: reduction in effort by individuals when they work in groups as compared to when they work by themselves
- social loafing is similar to bystander effect, diffusion of responsibility (think others will do it)
- people who score high on achievement motivation are less likely to socially loaf
- individuals who score high on agreeableness and conscientiousness are less likely to socially loaf
- when it's easy to tell what effort you have contributed, social loafing is less
- when work in small, cohesive groups, social loafing is reduced
- collectivist societies are less likely to socially loaf

19. Explain how Chapter 13 highlights three of the textbook's unifying themes.

- psychology is empirical: empiricism is important in social psychology b/c many of the concepts are counterintuitive
- behaviour is shaped by cultural heritage: substantial cultural differences in attribution, the role of love in mating relationships, attitudes towards conformity, the tendency to obey authority figures and the likelihood of social loafing
- people's experience of the world is highly subjective: their is lots of subjectivity in social perception, we think someone is smarter if they are better looking, etc.

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20. Describe the difference between prejudice and discrimination. Summarize the roles that stereotyping and biases in attribution play in helping to perpetuate prejudice.

- prejudice: a negative attitude held toward members of a group
- discrimination: involves behaving differently, usually unfairly, toward the members of a group
- negative racial stereotypes have not diminished necessarily, they have just become less overt
- when a prejudice person meets a member of the group they dislike and they do not match their stereotype, they often discount the evidence
- in a study, when black person shoved a white person it was called "violent" 73% of the time but when a white person pushed a white person, only 13%
- people may have biased attribution towards a group they are prejudice towards, ex. may discount womens success as luck, but same success for man as skill
- people are more likely to commit the fundemental attribution error when evaluating targets of prejudice
- prejudice can come from parents (4-5 years old) and then be reinforced through operant learning at school, also come from the media
- implicit prejudice: negative associations to an outgroup that are activated automatically, without control or intention
- inducing feelings of hypocrisy makes the individual behave in a non-discriminatory manner
- realistic group conflict theory: intergroup hostility and prejudice are a natural outgrowth of fierce competition between groups (even just the perception of competition can fuel prejudice)
- jigsaw classroom technique: class broken into small groups and everyone is responsible to learn and teach own part
- when people assemble into groups, they tend to adopt an us versus them mantal
- ethnocentrism: a tendency to view one's own group as superior to others and as the standard for judging the worth of foreign ways
- the more one identifies with a group the more they take notice of outgroup membership
- people tend to be more sensitive to diversity among their own ingroup and view members of outgroup as all the same
- threats to social identity more likely to provoke repsonses that lead to foster prejudice and discrimination

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- when social identity is threatened, individuals show ingroup favouristism and outgroup derogation

21. **Summarize the research findings on analyzing credibility and social influence tactics.**

- people are always trying to persuade you, so you must know who to trust
- if source is likely to benefit from persuading you to believe one way, they are suspect
- if the information you are being given is grossly inconsistent with the conventional view
- people try to deny the Holocaust by finding small, trivial inconsistencies in the historical records
- foot-in-the-door technique: getting people to agree to a small request to increase the chance that they will agree to a larger request later, when asked big request first only 22% agreed to request, when preceded with small request, 53% of participants agreed to the large request
- foot-in-the-door technique works b/c people want to behave consistently and don't want to renege commitment made to person
- reciprocity norm: we should pay back what we receive from others
- people give something small in hopes of getting something large in return
- lowball technique: getting someone to commit to an attractive proposition before its hidden costs are revealed
- reverse psychology: telling someone they can't have something makes them want it more

Unit 7: Stress, Coping, and Health

Key Terms

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Acquired immune deficiency syndrome (AIDS)- A disorder in which the immune system is gradually weakened and eventually disabled by the human immunodeficiency virus (HIV).

Acute stressors- Threatening events that have a relatively short duration and a clear endpoint.
- E.g. stressful exam.

Aggression- Any physical or verbal behavior intended to hurt or destroy.

Approach-approach conflict- A choice must be made between two attractive goals.
- E.g. you have some free time. Should you play tennis or racquetball?

Approach-avoidance conflict- A choice must be made about whether to pursue a single goal that has both attractive and unattractive aspects.
- E.g. you're offered a career promotion, but have to move to a city you don't want to live in

Avoidance-avoidance conflict- A choice must be made between two unattractive goals.
- E.g. should you continue to collect unemployment cheques or take a degrading job?

Biopsychosocial model- A model of illness that holds that physical illness is caused by a complex interaction of biological, psychological, and sociocultural factors.

Burnout- Involves physical and emotional exhaustion, cynicism, and a lowered sense of self-efficacy that can be brought on gradually by chronic work-related stress.

Catastrophic thinking- Albert Ellis's theory that some people become highly self-critical in response to stress

Catharsis- The process of releasing, and thereby providing relief from, strong or repressed emotions.
- Research does not support catharsis as a coping mechanism.

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Chronic stressors- Threatening events that have a relatively long duration and no readily apparent time limit.
- E.g. ongoing financial strains.

Conflict- Occurs when two or more incompatible motivations or behavioral impulses compete for expression

Constructive coping- Relatively healthful efforts that people make to deal with stressful events.

Coping- Active efforts to master, reduce, or tolerate the demands created by stress.

Defence mechanisms- Mental processes that protect individuals from strong or stressful emotions and situations.

Flight-or-fight response- A physiological reaction to threat in which the autonomic nervous system mobilizes the organism for attacking (fight) or fleeing (flight) an enemy

Frustration- A negative emotional state that occurs when one is prevented from reaching a goal.

General adaptation syndrome- Seyle's concept that the body responds to stress with alarm, resistance and exhaustion.

Health psychology- A subfield of psychology concerned with ways psychological factors influence the causes and treatment of physical illness and the maintenance of health.

Immune response- The body's defensive reaction to invasion by bacteria, viral agents, or other foreign substances.

Internet addiction- Spending an inordinate amount of time on the internet and being unable to control online use.

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Learned helplessness- The hopelessness and passive resignation an animal or human learns when unable to avoid repeated aversive events.

Life changes- Any substantial alterations in one's living circumstances that require readjustment.

Optimism- A general tendency to expect good outcomes.
- Correlated with good physical health.

Post-traumatic stress disorder (PTSD)- Involves enduring psychological disturbance attributed to the experience of a major traumatic event.

Pressure- Involves expectations or demands that one behave in a certain way.

Primary appraisal- Initial decision regarding whether an event is stressful.
- Can be broken down into three categories:
1. Irrelevant to you.
2. Relevant but not threatening.
3. Stressful.

Rational-emotive therapy- A Cognitive Therapy based on Albert Ellis' theory that cognitions control our emotions and behaviors; therefore, changing the way we think about things will affect the way we feel and the way we behave.

Resilience- having a grapple with a moderate amount of stress may build resilience in the face of future stress

Secondary appraisal- An evaluation of your coping resources and options for dealing with the stress.
- Happens after stress is noticed in primary appraisal.

Social support- Various types of aid and emotional support provided by members of one's social networks.

Stress- Any circumstances that threaten or are perceived to threaten one's well-being and that thereby tax one's coping abilities

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Type A personality- 1. Strong competitive orientation.
2. Impatience and time urgency.
3. Anger and hostility.

Type B personality- Personality characterized by relatively relaxed, patient, easygoing, amicable behavior.

Key People

Roy Baumeister- theorizes that its all a matter of degree and that there is a "optimal margin of illusion", extreme distortions of reality are maladaptive, but small illusions can be beneficial

Walter Cannon- one of the first theorists to describe the fight or flight response. studied in cats by confronting them with dogs. along with other things he noticed an immediate acceleration in breathing, heart rate, reduction in digestive processes.

Robin DiMatteo- procrastination happens when dealing with a medical emergency because: 1) misinterpret and downplay the significance of symptoms. 2) worry about looking silly if the problem turns out to be nothing. 3) worry about "bothering physician". 4) reluctant to disrupt plans (dinner). 5) waste of time on trivial matters

Albert Ellis- "catastrophic thinking". According to Ellis catastrophic thinking causes, aggravates, and perpetuates emotional reactions to stress that are often problematic

Meyer Friedman and Ray Rosenman- discovered an apparent connection between coronary risk and Type A personality

Thomas Holmes and Richard Rahe- exploring the idea that life changes- including positive events represent a key type of stress. developed social readjustment rating scale (SRRS) to measure life changes as a form of stress

Richard Lazarus- developed a scale to measure everyday hassles. shown that hassles may have significant harmful effects on mental and physical health

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Neal Miller- investigated conflict. Three basic types of conflict: approach-approach, avoidance-avoidance, approach-avoidance**.**

Hans Selye- identified the concept of stress. exposed laboratory animals to physical and psychological stressors.

Shelley Taylor- discovered that Asians can benefit from social support but prefer a different type of support then Americans.
Americans prefer and pursue explicit social supports (overt emotional solace and instrumental aid from others)
Asians prefer implicit support (knowing one has access to close others who will be supportive)

Study Questions

1. **Define stress. Discuss the relationship between the severity of stress and its effects.**

Biopsychosocial model: physical illness is caused by a complex interaction of biological, psychological and sociocultural factors.

Stress: any circumstances that threaten or are perceived to threaten one's well-being and that thereby tax one's coping abilities; cumulative, routine stress adds up

Factors that determine an individuals response to stress:
- type of stressor, it's controllability
- biological factors, age, gender
- individuals previous experience with stress

Primary appraisal: initial evaluation of whether an event is 1) irrelevant 2) relevant but not threatening 3) stressful (is this stressful?)

Secondary appraisal: an evaluation of coping resources and options for dealing with the stress (how stressful is this?)

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2. **Describe the four principal types of stress discussed in Weiten and McCann (2019).**

Acute stressors: events with short duration and clear endpoint

Chronic stressors: events with a relatively long duration and no readily apparent time limit

Four types of principal stress:
1) Frustration: pursuit of some goal is thwarted (ie. traffic jams, losing cell phone)
2) Conflict: two or more incompatible motivations or behavioural impulses compete for expression
3) Life changes: any noticeable alterations in one's living circumstances that require adjustment; Social Readjustment Rating Scale (SRRS), people with higher scores tend to be more vulnerable to many kinds of physical and mental illness; at present, little evidence to believe that change is inherently or inevitably stressful
4) Pressure: expectations or demands that one behaves in a certain way (perform and conform)

3. **Identify the three basic types of conflict. (Figure 14.1)**

1) Approach-approach: a choice must be made between two attractive goals

2) Avoidance-avoidance: a choice must be made between two unattractive goals

3) Approach-avoidance: a choice must be made about whether to pursue a single goal that has both attractive and unattractive aspects (often produce vacillation: going back and forth, indecision)

4. **Describe the relationship between emotional arousal and task performance.**

As a task becomes more complex, the optimal level of arousal (for peak performance) tends to decrease.

5. **Describe the three stages of the General Adaptation Syndrome.**

1) Alarm reaction: first recognizes the existence of threat, physiological arousal occurs (generally flight or fight)

2) Resistance: prolonged stress, physiological changes are higher than normal but may stabilize

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3) Exhaustion: body's resources may be depleted, hormonal exhaustion, damaging effects on a variety of organ systems

6. **Discuss the two major pathways along which the brain sends signals to the endocrine system in response to stress. (Figure 14.5)**

First pathway:
- hypothalamus activates sympathetic division of the ANS
- adrenal glands release catecholamines; heart rate and blood flow increase, respiration and oxygen speed, increased alertness, digestive processes are inhibited, pupils dilate increasing sensitivity

Second pathway:
- hypothalamus signals pituitary which secretes ACTH hormone, which stimulates release of corticosteroids
- stimulate release of chemicals that increase energy and inhibit tissue inflammation

- may be some sex differences
- stress may hinder neurogenesis in the hypothalamus

7. **Describe and evaluate aggression and self-indulgence as behavioural responses to stress.**

Aggression: any behaviour that is intended to hurt someone, either physically or verbally

Displacement: a diversion of anger to a substitute target
Freud: catharsis, release of emotional tension, adaptive
Experimental research: results show behaving in an aggressive manner tends to fuel more anger and aggression

Self-indulgence: reduced impulse control; excessive consumption including eating, gambling, shopping, Internet use; satisfaction compensation for feeling of stress, easy to execute and highly pleasurable

8. **Discuss defensive coping and constructive coping as mechanisms for dealing with stress.**

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Defensive coping:
- common, unconscious reactions that protect a person from unpleasant emotions such as anxiety and guilt
- work through self-deception, distorting reality so it doesn't appear threatening
- not optimal; avoidance rarely provides a genuine solution

Constructive coping:
- relatively healthful efforts that people make to deal with stressful events
- confront problems directly; task-relevant, action-oriented, conscious effort
- realistic appraisals of stress and resources
- recognize and regulate disruptive emotional reactions to stress

9. **Define post-traumatic stress disorder (PTSD), and describe its symptoms. What types of stress are likely to cause PTSD?**

PTSD - enduring psychological disturbance attributed to the experience of a major traumatic event; symptoms include:

Symptoms:
- reduced psychological functioning
- insomnia and sleep disturbances
- alcohol and drug abuse
- poor academic performance
- depression and anxiety

Caused by:
- extremely stressful traumatic incidents (war, rape, assault, witnessing a death)
- front-line occupations

Resilience: successful adaptation to significant stress and trauma, as evidenced by a lack of negative outcomes

10. **Describe the Type A behaviour pattern. Summarize the evidence linking Type A behaviours to coronary heart disease.**

Psychosomatic diseases - genuine physical ailments that were thought to be caused in part by stress and other psychological factors

Type A: strong competitive nature, impatience and time urgency, anger and hostility

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Type B: relatively relaxed, patient, easy-going, amicable

Evidence linking Type A to coronary heart disease:
- precocity-longevity hypothesis: factors associated with early peaks of career success are the factors that set conditions for early death
- orientation towards work and stress, lead to heart attacks
- strong link between personality and coronary risk, anger and hostility

11. Describe the relationship between emotional reactions, depression, and heart disease.

- brief periods of mental stress can trigger acute symptoms of heart disease; anger is particularly dangerous
- triggers increases in inflammation that contributes to cardiovascular risk
- depression; doubles chance of developing heart disease
- longitudinal study showed participants with major depression had triple the risk of cardiac death; overall studies show that depression roughly doubles one's chances of developing heart disease

12. Evaluate the evidence linking stress to immunosuppression and a variety of physical illnesses.

Immune response - body's defensive reaction to invasion by bacteria, viral agents or other foreign substances; multifaceted but depend heavily on actions initiated by specialized white blood cells - lymphocytes

- blood samples link stress with reduced immune activity
- association between stress and rheumatoid arthritis, back pain, diabetes, herpes, irritable bowel syndrome, high blood pressure, hypertension
- acute and chronic stressors have different effects on the body
- immune system responds by releasing pro-inflammatory cytokines; in charge of immune activities that kill the pathogen and repair damaged tissue
- chronic stress can foster persistent overproduction of proinflammatory cytokines leading to chronic inflammation
- inflammation contributes to arthritis, ostereporossis, respiratory diseases, Alzheimer's, cancer
- possibility of a third variable - personality, genetics, exposure to infectious agents, nutrition, exercise, alcohol and drug use, medical care; strength of relationship between stress and health is modest

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13. Discuss how social support, optimism, and conscientiousness moderate individual differences in stress tolerance.

Social support: various types of aid and emotional sustenance provided by members of one's social networks; positive correlations in immune functioning, greater physical health; increased odds of survival 50%

Explicit social support: overt emotional solace and instrumental aid from others
Implicit social support: comfort that comes from knowing that one has access to close others who will be supportive

Optimism: general tendency to expect good outcomes; contributes to good physical health, effective immune functioning; cope with stress in more adaptive ways; action-oriented, problem-focused coping, seeks social support

Conscientiousness: promotes longevity, gravitate to healthy environments, fosters better health habits.

14. Discuss the negative impact of smoking, poor nutrition, lack of exercise, and alcohol and drug use on physical health.

Smoking
- declined since 1980's; 20% of men and 17% women
- 7000 chemicals in each puff, spread rapidly through the body causing cellular damage
- 13-14 years shorter life expectancy
- lung cancer, heart disease; other cancers and pulmonary diseases
- second-hand smoke or environmental tobacco smoke also increases illnesses
- health risks decrease quickly once quit

Poor nutrition
- linked to heart disease, hypertension, cancer

Lack of exercise
- poor health, obesity; exercise levels are declining
- enhances cardiovascular fitness, reduce risk for obesity-related health problems, helps diminish chronic inflammation, buffers physical effects of stress, enhances neurogenesis

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Alcohol and drug use
- heavy alcohol consumption increases risks for variety of diseases
- drugs can kill via overdose or impairment causing an accident
- recreational drugs; infectious diseases, respiratory, pulmonary, cardiovascular, liver, cancer, pregnancy
- alcohol causes the greatest damage to the population

15. Discuss the relationship between behaviour and AIDS. What behavioural changes minimize the risk of acquiring AIDS?

AIDS - acquired immune deficiency virus; caused by HIV
- continues to increase, especially in underdeveloped regions of Africa
- prior to 1996, survival rate was 18-24 months
- new treatment; HAART but long term efficiency is yet to be determined
- HIV strains are evolving; drug resistance
- person to person contact via bodily fluids; semen, blood
- transmission via male to female 8 times more likely than female to male; homosexual relations
- myths about AIDS persist
- reduce risk by fewer partners, condom use, no needle sharing
- link between belief in a just world, stable dispositional characteristic and condom use
- link between intention to engage in risky behaviour, conditions of alcohol use, negative mood combined with low self-esteem

16. Explain how health-impairing lifestyles develop.

Four factors:
- habits creep up on people
- involve activities that are pleasant at the time
- risks lie in the distant future
- underestimate the risks to themselves

17. Discuss individual differences in willingness to seek medical treatment and to comply with medical advice. What factors affect communication between patients and their health-care providers?

Differences in willingness to seek medical advice:

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- high anxiety and neuroticism, attentive to bodily sensations and health; tend to report more symptoms
- roadblocks to seeking treatment: wait times for ER and specialist care; individual appraisals and reactions to health concerns; income level, gender, city or rural area
- delays in seeking professional consultation: misinterpret and downplay significance of symptoms, worry about looking silly if symptoms end up being nothing, reluctant to disrupt plans, worry about bothering their physician, waste time on trivial matters

Differences in adhering to medical advice:
- forget about the requirements of their treatment
- failure to understand instructions
- how aversive or difficult instructions are
- negative attitude toward physician

Factors affecting communication:
- medical visits are brief, little time for discussion; too much medical jargon
- fear a serious diagnosis
- reluctant to challenge doctors' authority

18. Explain how Chapter 14 highlights two of the unifying themes in Weiten and McCann (2019): multifactorial causation and the subjectivity of experience.

- multifactorial causation; stress as an explanation for illness when really it is a network of factors: psychological (behavioural), biological, social (system)

- subjectivity of experience: impact depends on how people view stressful events

19. Summarize Albert Ellis's ideas about controlling one's emotions. Describe four coping strategies for managing stress.

Albert Ellis:
- can reduce emotional reactions to stress by altering appraisals of stressful events
- rational emotional therapy: approach that focuses on altering clients patterns of irrational thinking to reduce maladaptive emotions and behaviour
- catastrophic thinking: unrealistically negative appraisals of stress that exaggerate the magnitude of one's problems

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- reduce unrealistic appraisals of stress by: detecting catastrophic thinking, learn to dispute the irrational assumptions that cause it

ABC
A - activating event
B - belief system: irrational appraisal, rational appraisal; catastrophic thinking
C - consequence: emotional distress or calm

Managing Stress:
1) Humour: moderates impact of stress, benefit from not taking themselves seriously
2) Release Pent-Up Emotions: writing or talking
3) Forgiveness: reduce frequency and intensity of hostile feelings
4) Relax: relation response: quiet environment, mental device, passive attitude, comfortable position
5) Exercise

20. Describe three factors that facilitate a critical evaluation of statistics on health risk. Summarize the approach to thinking through health decisions that is presented in the Critical Thinking Application section.

Three factors of critical evaluation:
1) correlation is no assurance of causation
2) statistical significance is not equivalent to practical significance
3) base rates should be considered in evaluating probabilities

Thinking systematically:
1) seek information to reduce uncertainty
2) make risk-benefit assessments
3) list alternative courses of action

Unit 8: Psychological Disorders

Key Terms

Agoraphobia- A fear of going out to public places

Anhedonia- A diminished ability to experience pleasure

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Anorexia nervosa- Involves intense fear of gaining weight, disturbed body image, refusal to maintain normal weight, and dangerous measures to lose weight

Antisocial personality disorder- Marked by impulsive, callous, manipulative, aggressive, and irresponsible behaviour that reflects a failure to accept social norms

Anxiety disorders- A class of disorders marked by feelings of excessive apprehension and anxiety

Autism (or autistic spectrum disorder)- Refers to a developmental disorder characterized by social and emotional deficits, along with repetitive and stereotypic behaviours, interests, and activities

Availability heuristic- In which the estimated probability of an event is based on the ease with which relevant instances come to mind

Binge-eating disorder- Involves distress-inducing eating binges that are not accompanied by the purging, fasting, and excessive exercise seen in bulimia

Bipolar disorder- Characterized by the experience of one or more manic episodes as well as periods of depression; Formerly known as manic-depressive disorder

Bulimia nervosa- Involves habitually engaging in out-of-control overeating followed by unhealthy compensatory efforts, such as self-induced vomiting, fasting, abuse of laxatives and diuretics, and excessive exercise

Catatonic schizophrenia- Marked by striking motor disturbances, ranging from muscular rigidity to random motor activity

Comorbidity- The coexistence of two or more disorders

Concordance rate- Indicates the percentage of twin pairs or other pairs of relatives who exhibit the same disorder

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Conjunction fallacy- Occurs when people estimate that the odds of two uncertain events happening together are greater than the odds of either event happening alone

Culture-bound disorders- Abnormal syndromes found only in a few cultural groups

Cyclothymic disorder- One exhibits chronic but relatively mild symptoms of bipolar disturbance

Delusions- False beliefs that are maintained even though they clearly are out of touch with reality

Diagnosis- Involves distinguishing one illness from another

Disorganized schizophrenia- A particularly severe deterioration of adaptive behaviour is seen

Dissociative amnesia- A sudden loss of memory for important personal information that is too extensive to be due to normal forgetting

Dissociative disorders- A class of disorders in which people lose contact with portions of their consciousness or memory, resulting in disruptions in their sense of identity

Dissociative identity disorder (DID)- Involves the coexistence in one person of two or more largely complete, and usually very different, personalities

Eating disorders- Severe disturbances in eating behaviour characterized by preoccupation with weight and unhealthy efforts to control weight

Epidemiology- The study of the distribution of mental or physical disorders in a population

Etiology- Refers to the apparent causation and developmental history of an illness

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Expressed emotion (EE)- The degree to which a relative of a schizophrenic patient displays highly critical or emotionally overinvolved attitudes toward the patient

Generalized anxiety disorder- Marked by a chronic, high level of anxiety that is not tied to any specific threat

Hallucinations- Sensory perceptions that occur in the absence of a real, external stimulus or are gross distortions of perceptual input

Major depressive disorder- People show persistent feelings of sadness and despair and a loss of interest in previous sources of pleasure

Medical model- Proposes that it is useful to think of abnormal behaviour as a disease

Mood disorders- A class of disorders marked by emotional disturbances of varied kinds that may spill over to disrupt physical, perceptual, social, and thought processes

Multiple personality disorder (see dissociative identity disorder)- Involves the coexistence in one person of two or more largely complete, and usually very different, personalities

Negative symptoms (of schizophrenia)- Involve behavioural deficits, such as flattened emotions, social withdrawal, apathy, impaired attention, and poverty of speech

Obsessive-compulsive disorder (OCD)- Marked by persistent, uncontrollable intrusions of unwanted thoughts (obsessions) and urges to engage in senseless rituals (compulsions)

Panic disorder- Characterized by recurrent attacks of overwhelming anxiety that usually occur suddenly and unexpectedly

Paranoid schizophrenia- Dominated by delusions of persecution, along with delusions of grandeur

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Personality disorders- A class of disorders marked by extreme, inflexible personality traits that cause subjective distress or impaired social and occupational functioning

Phobic disorder- Marked by a persistent and irrational fear of an object or situation that presents no realistic danger

Positive symptoms (of schizophrenia)- Involve behavioural excesses or peculiarities, such as hallucinations, delusions, bizarre behaviour, and wild flights of ideas

Postpartum depression- A type of depression that sometimes occurs after childbirth

Prevalence- Refers to the percentage of a population that exhibits a disorder during a specified time period

Prognosis- A forecast about the probable course of an illness

Representativeness heuristic- In which the estimated probability of an event is based on how similar the event is to the typical prototype of that event

Seasonal affective disorder- A type of depression that follows a seasonal pattern

Schizophrenic disorders- A class of disorders marked by delusions, hallucinations, disorganized speech, and deterioration of adaptive behaviour

Undifferentiated schizophrenia- Marked by idiosyncratic mixtures of schizophrenic symptoms

Key People

Martin Antony- Estimates that 1-5% of Canadians suffer from significant anxiety related to their driving fears but those suffering from these disorders are very good drivers

Aaron Beck- Sought to reverse patient's catastrophizing beliefs about themselves, their situations, and futures using cognitive therapy

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Robert Hare- Chief proponent today of psychopathy as a theory of criminal behaviour; The author of both the original and revised Psychopathy Checklist (PCL-R)

Susan Nolen-Hoeksema- Found that people who ruminate about their depression, by repetitively focusing on their sad feelings, tend to stay depressed longer than those who distract themselves

David Rosenhan- Conducted study in which healthy patients were admitted to psychiatric hospitals and diagnoses with schizophrenia; showed that once you are diagnosed with a disorder, the label, even when behaviour indicates otherwise, is hard to overcome in a mental health setting

Regina Schuller- Expert on the interface of psychology and Canadian law; Believed the growth in clinical psychology over the first half of the 20th century resulted in an increased demand from the legal system for clinical evaluations and diagnoses of mental disorders

Martin Seligman- Researcher known for work on learned helplessness and learned optimism as well as positive psychology

Thomas Szasz- Argues that abnormal behavior usually involves a deviation from social norms rather than an illness

Study Questions

1. Describe and evaluate the medical model of abnormal behaviour.

The medical model proposes that abnormal behaviour should be thought of as a disease. Before the 18th century, abnormal behaviour was perceived with superstition and treated with chants, rituals, torture, etc. However, the rise of the medical model improved treatment. Critics believe that the medical model may have outlived its usefulness. Medical diagnosis carries stigmas which promote prejudice, rejection, distancing, such as difficulty in getting a job, finding a place to live, or making friends. Thomas Szasz believed that abnormal behaviour usually involves a deviation from social norms rather than an illness. According to Szasz, the medical model converts moral and social questions about what is acceptable behaviour into medical questions

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2. **Explain the most commonly used criteria of abnormality.**

The criteria for abnormality is deviance, maladaptive behaviour, and personal distress. For deviance, behaviour that deviates from socially acceptable varies somewhat from culture but all cultures have norms. For maladaptive behaviour, everyday behaviour is impaired and it begins to interfere with social or occupational functioning. For personal distress, individuals report great personal distress

3. **Summarize the three stereotypes about psychological disorders that are largely inaccurate.**

The first stereotype is that psychological disorders cannot be cured. There have been mentally ill people who have failed treatment, but there are many people who do get better, either spontaneously or with formal treatment. The majority of people who are diagnosed with mental illnesses eventually get better and lead normal, productive lives. The most severe psychological disorders can also be treated successfully. The second stereotype is that people with psychological disorders are violent and dangerous. There is only a modest association between mental illness and violence-prone tendencies. The stereotype exists because of media attention. The strongest predictor of violence is past violence. The third stereotype is that people with psychological disorders behave in bizarre ways and are very different from normal people. Only a small minority of cases, which involve severe disorders, do behave in bizarre ways and are different from normal people

4. **Describe the three diagnostic axes of DSM-5. Discuss the controversial aspects of this classification system.**

The first axis includes clinical syndromes. Clinicians record most types of disorders and patients may receive diagnosis here. The clinical syndromes included in the first axis are disorders first diagnosed in infancy/childhood/adolescence, organic mental disorders, substance-related disorders, schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, somatoform disorders, dissociative disorders, sexual and gender-identity disorders, and eating disorders. The second axis includes personality disorders or mental retardation. Clinicians list long-running personality disorders or intellectual disability. Patients may also receive diagnosis here. The third axis includes general medical conditions, such as a patient's physical disorders. The fourth axis includes psychosocial and

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environmental problems. Clinicians note types of stress experienced in the previous year. The fifth axis includes a global assessment of functioning (GAF) scale which measures an individual's current level of adaptive functioning in social and occupational behaviour, as well as the highest level of functioning in the last year. Critics believe that the system's commitment to a categorical approach needs to be reduced. They believe that there is enormous overlap among various disorders in terms of symptoms. Critics also believe that the categorical approach should be replaced with a dimensional approach due to comorbidity which is the coexistence of two or more disorders

5. **Discuss the contribution of biological, conditioning, cognitive, and stress factors to the etiology of anxiety disorders.**

For biological, investigators look at concordance rates in studies that assess the impact of heredity on psychological disorders. A concordance rate gives the percentage of twin pairs or other pairs of relatives who exhibit the same disorder. Inherited differences in temperament also make some people more susceptible to anxiety disorders than others and there is a link between anxiety disorders and neurochemical brain activity. For conditioning, many anxiety responses may be acquired through classical conditioning and maintained through operant conditioning. A neutral stimulus paired with a frightening event becomes a conditioned stimulus eliciting anxiety and avoidance of the stimulus is negatively reinforced because it is followed by a reduction in anxiety (operant conditioning). For cognitive, certain styles of thinking make some people particularly vulnerable to anxiety disorders. Some people are also more likely to suffer from problems with anxiety because they tend to misinterpret harmless situations as threatening, focus excessive attention on perceived threats, and selectively recall info that seems threatening. For stress, studies support that stress and anxiety are linked and patients with panic disorder have experienced a dramatic increase in stress in the month prior to the onset of their disorder. Stress is associated with the development of social phobia. High stress often helps precipitate the onset of anxiety disorders

6. **Describe the three dissociative disorders, and discuss their etiology.**

Dissociative Amnesia involves a sudden loss of memory for important personal information. This sudden loss is too extensive to be considered as normal forgetting. Memory losses can occur because of a single traumatic event or period surrounding the event. Dissociative Fugue involves memory loss for a person's

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entire lifetime, along with loss of personal identity, such as names, families, or where they live. However, people with dissociative fugue can still do math or drive a car. Dissociative Fugue is usually attributed to excessive stress. Certain personality traits may make some people more prone. The second dissociative disorder is dissociative identity disorder (DID). DID involves the coexistence in one person, two or more largely complete and usually very different personalities. Various personalities are unaware of each other and transitions can occur suddenly

7. **Describe the two main mood disorders: major depressive disorder and bipolar disorder.**

People with major depressive disorder have persistent feelings of sadness and despair, lack of energy or motivation, alterations in sleep and appetite, anxiety, irritability, lowered self-esteem, hopelessness, dejection, and guilt. One of the main features of depression is anhedonia which is a diminished ability to experience pleasure. The majority of cases emerge before age 40. They are often episodic, but they may be chronic and persist for years. The risk for women is twice as high. People with bipolar disorder experience one or more manic episodes as well as periods of depression. 1 percent of the population are affected by bipolar disorder. People with bipolar disorder experience an euphoric mood elevation. They have optimism, energy, and extravagant plans. They are hyperactive and get little sleep. They also talk rapidly and their judgement is often impaired

8. **Explain how genetic and neurochemical factors may be related to the development of mood disorders.**

Twin studies suggest that genetic factors are involved. Heredity creates a predisposition for mood disorders and environmental factors determine if the predisposition is turned into a disorder. Heredity may also create a predisposition toward neurochemical abnormalities in the brain. There are correlations between mood disorders and abnormal levels of 2 neurotransmitters in the brain (norepinephrine and serotonin)

9. **Explain how hormonal factors, dispositional factors, cognitive factors, and stress may be related to the development of mood disorders.**

One stress pathway is from the hypothalamus to pituitary gland to the adrenal cortex which is called the 'hypothalamic-pituitary-adrenocortical (HPA) axis'.

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Overactivity along this axis in response to stress leads to the development of depression. Depressed patients show high cortisol levels. Some believe hormonal changes eventually impact the brain and trigger the suppression of neurogenesis. Perfectionism is also associated with depression. It has been linked to eating disorders and problematic interpersonal relationships. The link between stress and mood disorders is moderately strong. Stress also affects how people respond to treatment and whether they relapse. The impact of stress varies in part because of varied vulnerability

10. Describe the general characteristics (symptoms) of schizophrenia.

The symptoms of schizophrenia include disturbed thought, delusions and irrational thought, deterioration of adaptive behaviour (in work, social relationships, and personal care), hallucinations, and disturbed emotions

11. Describe two classification systems for schizophrenic subtypes. Discuss the limitations of each classification system.

There are four subtypes. The first subtype is paranoid schizophrenia which is dominated by delusions of persecution, along with delusions of grandeur. The second subtype is catatonic schizophrenia which is marked by striking motor disturbances, ranging from muscular rigidity to random motor activity. The third subtype is disorganized schizophrenia in which severe deterioration of adaptive behaviour occurs. The fourth subtype is undifferentiated schizophrenia which is a mixture of schizophrenic symptoms. There are two classification systems. The first classification system is negative symptoms, such as behavioural deficits, flattened emotions, social withdrawal, apathy, impaired attention, and poverty of speech. The second classification system is positive symptoms, such as behavioural excesses or peculiarities, hallucinations, delusions, bizarre behaviour, and wild flights of ideas. Most patients exhibit both types of symptoms and only vary in the degree in which they dominate

12. Explain how genetic vulnerability, neurochemical factors, and structural abnormalities in the brain may contribute to the etiology of schizophrenia. Describe the neurodevelopmental hypothesis of schizophrenia.

Twin studies have shown a concordance rate that is about 48% for identical and 17% for fraternal. If a child has two schizophrenic parents, there is a 46% chance for the child to have schizophrenia (general population about 1%). Excess

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dopamine activity may be the cause. Neural circuits using glutamate may also play a role. Marijuana use doubles the risk. THC may increase activity in dopamine circuits. Schizophrenic patients have deficits in attention, perception, and infmroation processing. They also have impairments in working memory. Enlarged brain ventricles are assumed to reflect the degeneration of nearby brain tissue. Deterioration could be a consequence or a contributing cause. There are reductions in both grey and white matter. The neurodevelopmental hypothesis states that schizophrenia is caused in part by various disruptions in the normal maturational processes of the brain before or at birth. Subtle neurological damage occurs that elevates vulnerability. Possible causes are viral infections, malnutrition, or birth complications

13. Summarize evidence on how stress may be related to the development of schizophrenia and how family dynamics can influence the course of schizophrenia.

According to most theories, stress plays a key role in triggering Schmitz disorders. Various biological and psychological factors influence individuals' vulnerability to schizophrenia. High stress may precipitate it and high stress can trigger relapses in people who have schizophrenia. Expressed emotion is the degree to which a relative of a schizophrenic patient has a highly critical or emotionally overinvolved attitude. It can be a good predictor of the course of illness. Relapse rates 3 times in EE families as opposed to those families with low EE. Families with high EE are viewed as additional sources of stress rather than support

14. Define antisocial personality disorder (APD). Summarize the research on the etiology of this disorder.

Antisocial personality disorder is marked by impulsive, callous, manipulative, aggressive, and irresponsible behaviour that reflects a failure to accept social norms. People with APD often feel guilty about their transgressions and they lack adequate conscience and empathy for others. Males are at higher risk for APD. People with APD often engage in illegal activities and people who keep this part of their personality in check live high status lives. There is a 67% concordance rate with identical twins and 31% with fraternal twins. Sluggish autonomic systems lead to slow acquisition of inhibitions through classical conditioning and findings are inconsistent

15. Discuss the effects of culture on pathology.

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According to the relativistic view, criteria of mental illness vary greatly across cultures and there are no universal standards of normality/abnormality. According to the pancultural view, criteria of mental illness are much the same around the world and basic standards of normality/abnormality are universal. Principal categories of serious psychological disturbance are identifiable in all cultures and variations are more apparent in less severe forms of psychological disturbance. Culture-bound disorders are abnormal syndromes found only in a few cultural groups. The stronger the biological component, the more it tends to be expressed similarly across cultures. There are cultural variations in symptom patterns and specific delusions related to culture

16. Explain how Chapter 15 highlights four of Weiten and McCann's (2019) organizing themes.

For multifactorial causation, chapter 15 illustrates every disorder has multiple causes. For interplay of heredity and the environment, chapter 15 describes stress-vulnerability models for mood and schizophrenic disorders. For socio-historical context, chapter 15 illustrates social trends, economic necessities, and political realities. For influence of culture, chapter 15 illustrates that pathology is characterized by both cultural variance and invariance

17. Describe the principal eating disorders. Summarize what is known about the causes of eating disorders.

The first principal eating disorder is anorexia nervosa which is marked by an intense fear of gaining weight, disturbed body image, refusal or maintaining normal weight, and dangerous measures to lose weight. There are two subtypes of anorexia nervosa. The first subtype is restricting type (starving themselves). The second subtype is binge-eating/purging type (forcing themselves to vomit after meals, excessive exercise, laxatives/diuretics). The second principal eating disorder is bulimia nervosa which is marked by habitually out of control eating, followed by unhealthy compensatory efforts.The third principal eating disorder is binge-eating disorder which is marked by distress-inducing eating binges that are not accompanied by purging, fasting, and excessive exercise. Eating disorders can be caused by genetics, personality factors, cultural values, role of the family, or cognitive factors (disturbed thinking - all-or-none)

18. Describe the relationship between the laws of probability and psychological disorders.

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Lifetime prevalence for anyone having at least one DSM disorder is estimated to be about 44%

Unit 9: Treatment of Psychological Disorders

Key Terms

Anti-anxiety drugs- Relieve tension, apprehension, and nervousness

Antidepressant drugs- Gradually elevate mood and help bring people out of depression

Antipsychotic drugs- Used to gradually reduce psychotic symptoms, including hyperactivity, mental confusion, hallucinations, and delusions

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Aversion therapy- A behaviour therapy in which an aversive stimulus is paired with a stimulus that elicits an undesirable response

Behaviour therapies- Involve the application of learning principles to direct efforts to change clients' maladaptive behaviours

Biomedical therapies- Physiological interventions intended to reduce symptoms associated with psychological disorders

Client-centred therapy- An insight therapy that emphasizes providing a supportive emotional climate for clients, who play a major role in determining the pace and direction of their therapy

Clinical psychologists-Specialize in the diagnosis and treatment of psychological disorders and everyday behavioural problems

Cognitive-behavioural treatments- Use varied combinations of verbal interventions and behaviour modification techniques to help clients change maladaptive patterns of thinking

Cognitive therapy- Uses specific strategies to correct habitual thinking errors that underlie various types of disorders

Counselling psychologists- Specialize in the diagnosis and treatment of psychological disorders and everyday behavioural problems

Couples/marital therapy- Involves the treatment of both partners in a committed, intimate relationship, in which the main focus is on relationship issues

Deinstitutionalization- Refers to transferring the treatment of mental illness from inpatient institutions to community-based facilities that emphasize outpatient care

Dream analysis- The therapist interprets the symbolic meaning of the client's dreams

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Eclecticism- Involves drawing ideas from two or more systems of therapy instead of committing to just one system

Electroconvulsive therapy (ECT)- A biomedical treatment in which electric shock is used to produce a cortical seizure accompanied by convulsions

Exposure therapies- Clients are confronted with situations that they fear so that they learn that these situations are really harmless

Family therapy- Involves the treatment of a family unit as a whole, in which the main focus is on family dynamics and communication

Free association- Clients spontaneously express their thoughts and feelings exactly as they occur, with as little censorship as possible

Group therapy- The simultaneous treatment of several clients in a group

Insight therapies- Involve verbal interactions interactions intended to enhance clients' self-knowledge and thus promote healthful changes in personality and behaviour

Interpretation- Refers to the therapist's attempts to explain the inner significance of the client's thoughts, feelings, memories, and behaviours

Mental hospital- A medical institution specializing in providing inpatient care for psychological disorders

Mood stabilizers- Drugs used to control mood swings in patients with bipolar mood disorders

Placebo effects- Occur when people's expectations lead them to experience some change even though they receive a fake treatment

Psychiatrists- Physicians who specialize in the diagnosis and treatment of psychological disorders

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Psychoanalysis- An insight therapy that emphasizes the recovery of unconscious conflicts, motives, and defences through techniques such as free association and transference

Psychopharmacotherapy- The treatment of mental disorders with medication

Regression toward the mean- Occurs when people who score extremely high or low on some trait are measured a second time and their new scores fall closer to the mean (average)

Resistance- Refers to largely unconscious defensive manoeuvres intended to hinder the progress of therapy

Social skills training- A behaviour therapy designed to improve interpersonal skills that emphasizes modelling, behavioural rehearsal, and shaping

Spontaneous remission- A recovery from a disorder that occurs without formal treatment

Systematic desensitization- A behaviour therapy used to reduce phobic clients' anxiety responses through counterconditioning

Tardive dyskinesia- A neurological disorder marked by involuntary writhing and tic-like movements of the mouth, tongue, face, hands, or feet

Transcranial magnetic stimulation (TMS)- A new technique that permits scientists to temporarily enhance or depress activity in a specific area of the brain

Transference- Occurs when clients unconsciously start relating to their therapist in ways that mimic critical relationships in their lives

Key People

Aaron Beck- Created cognitive therapy

Dorothea Dix- Rights activist on behalf of mentally ill patients; created first wave of US mental asylums

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Keith Dobson- Examined diversity training in clinical programs in Canada

Hans Eysenck- Fostered one of the three independent lines of research that behaviour therapy emerged out of

Sigmund Freud- Created psychotherapy

Les Greenberg- Developed emotion-focused couples therapy

Donald Meichenbaum- Offered stress inoculation training: teaching people to restructure their thinking in stressful situations

Carl Rogers- Developed "client-centered" therapy

Zindel Segal- Has been instrumental in the development of mindfulness-based cognitive therapy

Joseph Wolpe- Theory of reciprocal inhibition; systematic desensitization

Study Questions

1. **Identify the three major categories of therapy. Discuss the factors affecting why people do or do not seek therapy.**

The first major category of therapy is insight therapies in which clients engage in complex verbal interactions. The goal is to have increased insight and identify possible solutions. The second category of therapy is behaviour therapies in which direct efforts are made to alter problematic responses and maladaptive habits. Most procedures involve classical conditioning, operant conditioning, or observational learning. The third category is biomedical therapies which involve interventions into a person's biological functioning, such as drug or electroconvulsive. However, these treatments are usually provided by psychiatrists only. There are many diverse reasons why people seek therapy. Two of the most common reasons are excessive anxiety and depression. Iff no improvements are made after 6 months, people usually seek help. Some people also often delay getting treatment for psychological problems. One study found that the median

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delay is 6-10 years for major disorders. Roadblocks include stigma and admitting personal weakness

2. **Describe the various types of mental health professionals involved in providing psychotherapy.**

Primary care physicians are the main source of mental health care and information for patients. Psychologists have either Ph.D., Psy D, or Ed D. There are two types of psychologists, clinical psychologists and counselling psychologists. Clinical psychologists treat full-fledged disorders and counselling psychologists treat everyday problems Psychologists use insight or behavioural approaches, such as testing, psychotherapy, and research. Psychiatrists have an MD degree. They treat everyday problems, but generally specialize in severe disorders. Psychiatrists increasingly emphasize drug therapies and are more likely to use psychoanalysis and less likely to use group or behaviour therapies. Other mental health professionals include clinical social workers, psychiatric nurses, counsellors, marriage and family therapists. They generally have a MA degree and work in private practice, schools, or human service agencies

3. **Define insight therapies. Explain the logic of Freudian psychoanalysis. Describe the techniques by which analysts probe the unconscious.**

Insight therapies invxolve verbal interactions intended to enhance clients' self-knowledge and thus promote healthful changes in personality and behaviour. Freud believed that inner conflicts involve battles with the id, ego and superego. Those conflicts are usually over sexual and aggressive impulses. People depend on defence mechanisms to avoid confronting conflicts which remain in the unconscious. One technique that analysts use to probe the unconscious is free association in which clients spontaneously express thoughts and feelings exactly as they occur, with as little censorship as possible. The analysts then study the free associations for clues. Another technique is dream analysis in which therapists interpret the symbolic meaning of the client's dreams and therapists analyze the dreams. The third technique is interpretation in which therapists attempt to explain the inner significance of the client's thoughts, feelings, memories, and behaviours. Analysts move forward slowly offering interpretations just out of the clients reach

4. **Discuss resistance and transference in psychoanalysis.**

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Resistance involves largely unconscious defensive manoeuvres that are intended to hinder the progress of therapy. In transference, clients unconsciously start relating to their therapist in ways that mimic critical relationships in their lives. Psychoanalysts encourage it so that relationships can be reenacted. Transference is a complicated and difficult process and requires 3-5 years of hard work

5. **Identify the elements of a therapeutic climate. Discuss the therapeutic process in Rogers' client-centred therapy.**

Rogers believed that personal distress is due to 'incongruence' between reality and self-concept. He also believed that realistic feedback is threatening and leads to reliance on defence mechanisms, distortions of reality, and stifled personal growth. Clients realize that they do not have to please others and win acceptance. They should also respect their own feelings and values, restructure self-concept, and foster self-acceptance and personal growth. The elements of a therapeutic climate are genuineness, unconditional positive regard, and empathy. In the therapeutic process, the client and therapist work together as equals, the key task is clarification, and the therapist conducts emotion-focused couples therapy

6. **How has positive psychology contributed to new approaches in insight therapy?**

Well-being therapy seeks to enhance clients' self-acceptance, purpose in life, autonomy, and personal growth; successful in mood and anxiety disorders. Positive psychotherapy involves recognizing strengths, appreciating blessings, savouring positive experiences, forgiving others, finding meaning and treating depression

7. **Describe how group therapy is generally conducted.**

A group for group therapy usually consists of 4-15 people, and 8 participants is ideal. Participants function as therapists for one another. They describe problems, trade viewpoints, share experiences, discuss coping strategies, and provide acceptance and emotional support.
Therapists screen participants, set goals, initiate and maintain therapeutic processes, and protect clients from harm. Group therapy saves time and money

8. **Discuss recent evidence on the efficacy of insight therapies.**

Studies have found that evaluation by therapists and clients is subjective. Insight therapy is superior to no treatment or to placebo treatment. The effects of

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therapy are reasonably durable. Insight therapy has equal efficacy as drug therapy. Studies have found the greatest improvement in early treatment (first 13-18 weekly sessions), but further gains diminish in size over time

9. **Summarize the general principles underlying behavioural approaches to therapy.**

Insights are not necessary to produce constructive change. The symptoms are the problem. Behavioural therapy involves the application of learning principles to direct efforts to change clients' maladaptive behaviours. Based on certain assumptions, behaviour is a product of learning and what can be learned can be unlearned

10. **Describe the goals and procedures of systematic desensitization and aversion therapy.**

Systematic desensitization is a behaviour therapy used to reduce phobic clients' anxiety responses through counterconditioning. As clients conquer imagined stimuli, they may be encouraged to confront real stimuli. The goal of systematic desensitization is to weaken the association between the conditioned stimulus and the conditioned response. The three steps for systematic desensitization include the therapist helping the client build an anxiety hierarchy, training the client in muscle relaxation, and the client trying to work through the hierarchy, learning to remain relaxed while imagining each stimulus. Aversion therapy is a behaviour therapy in which an aversive stimulus is paired with a stimulus that elicits an undesirable response. It creates a conditioned aversion. Aversion therapy is not widely used and is usually one element in a larger program

11. **Describe the goals and techniques of social skills training.**

Social skills training is a behaviour therapy designed to improve interpersonal skills that emphasizes modelling, behaviour rehearsal, and shaping. It depends on the principles of operant conditioning and observational learning. The first technique is modelling in which the client is encouraged to watch socially skilled friends and colleagues in order to acquire appropriate responses. The second technique is behavioural rehearsal in which the client tries to practice social techniques in structured role-playing exercises. The third technique is shaping in which clients are gradually asked to handle more complicated and delicate social situations

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12.Discuss the logic, goals, and techniques of cognitive therapy.

Cognitive-behavioural treatments use varied combinations of verbal interventions and behaviour modification techniques to help clients change maladaptive patterns of thinking. Cognitive therapy uses specific strategies to correct habitual thinking errors that underlie various types of disorders. The strategies include modelling, systematic monitoring of one's behaviour, and behavioural rehearsal. The goal of cognitive therapy is to change clients' negative thoughts and appraisals and maladaptive beliefs. Clients are taught to detect automatic negative thoughts and are trained to subject thoughts to reality testing. Cognitive therapists believe that depression is caused by errors in thinking. They believe that depression-prone people tend to blame setbacks on personal inadequacies without considering circumstantial explanations, focus selectively on negative events while ignoring positive events, make unduly pessimistic projections about the future, and draw negative conclusions about their worth as a person based on insignificant events. Mindfulness-based cognitive therapy uses meditation-based techniques to heighten awareness of dysfunctional changes in mind and body that can be targeted by the cognitive-behavioural techniques

13.Discuss the evidence regarding the effectiveness of behaviour therapies.

Behaviour therapists have placed more emphasis on the importance of measuring outcomes. There is ample evidence that shows the efficacy of most of the widely used behavioural interventions

14.Describe the goals and techniques of biomedical therapies.

Biomedical therapies are physiological interventions to reduce symptoms associated with psychological disorders. The two current biomedical approaches are drug therapy and electroconvulsive therapy. Psychosurgery, trephining, and lobotomies were last performed in 1981. Biomedical therapies ease staffing problems, experimental purposes, and sheer curiosity. They are often without consent and have been largely abandoned, except in extreme situations modified form called cingulotomy

15.Describe the principal categories of drugs used in the treatment of psychological disorders.

The first category of drugs is anti-anxiety. Anti-anxiety drugs, such as Valium and Xanax, relieve nervousness, tension, and apprehension. They are part of the Benzodiazepine family, tranquilisers. Side effects include drug dependence,

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overdose, and withdrawal symptoms. The second category is anti-psychotic. Antipsychotic drugs treat schizophrenia and severe mood disorders with delusions. They gradually reduce psychotic symptoms including hyperactivity, mental confusion, hallucinations, and delusions. They decrease activity in the dopamine synapses and work gradually, responding within 1-3 weeks. There are many unpleasant side effects including muscle tremors and tardive dyskinesia, a neurological disorder marked with involuntary writhing and tic-like movements of the mouth, tongue, face, hands, feet. There is a new class called atypical antipsychotic drugs. The third category is antidepressant. Antidepressant drugs gradually elevate mood and help bring people out of depression. Before 1987, tricyclics and MAO inhibitors were used. Now a newer class of SSRIs are used. The new class is similar to tricyclics, but with fewer side effects. Antidepressants work gradually and major depression is improved. Antidepressants may increase risk of suicide in adolescents and the newest class is SNRIs which inhibits reuptake at both serotonin and norepinephrine. The fourth category is mood-stabilizers, such as lithium, which are used to control mood swings in bipolar disorders. There are dangerous side effects if not monitored correctly. A number of alternatives have been developed including valproate

16. **Discuss the evidence regarding the effects and problems of drug treatments for psychological disorders.**

Drug treatments produce clear gains for many patients including those that don't respond to therapy. However, drug treatments are not as effective as advertised. They are overprescribed and patients are over-medicated. Drug treatments also have damaging side effects that are underestimated and are often worse than the illnesses

17. **Describe electroconvulsive therapy (ECT). Discuss its therapeutic effects and risks. What other newer techniques are available?**

Electroconvulsive therapy (ECT) is a biomedical treatment in which electric shock is used to produce a cortical seizure accompanied by convulsions. Electrodes are attached to the skill over the temporal lobes and light anesthesia and drugs are used to reduce complications. An electric current is applied to the right or both sides for about one second. The electric current triggers a brief convulsive seizure. 6-20 treatments are conducted in one month. Primarily, ECT is used to treat depression in patients that don't respond to medication. Improvement is seen. Relapse rates are high at 64% within 6 months. Risks include memory loss,

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impaired attention, cognitive deficits. Some assert that the risks are mild and temporary while some maintain that they were significant and sometimes permanent. ECT is very controversial. There are two newer Techniques. The first technique is transcranial magnetic stimulation (TMS). TMS temporarily enhances or depresses activity in a specific area of the brain. A magnetic coil is mounted on a paddle and is held over specific areas to increase or decrease activity in discrete regions of the cortex. TMS is well-tolerated and has minimal side effects. The second technique is deep brain stimulation (DBS) in which a thin electrode is surgically implanted into the brain. The electrode is connected to a pulse generator so that currents can be delivered to the brain tissue. Neuroscientists are currently exploring treatment values

18. Discuss the merits of blending or combining different approaches to therapy.

Eclecticism is therapy that involves drawing ideas from two or more systems of therapy instead of committing to just one system. Theoretical integration occurs when two or more systems are combined or blended. Technical eclecticism is borrowing ideas, insights, and techniques from a variety of sources while tailoring one's intervention strategy to the unique needs of each client

19. Discuss the barriers that lead to underuse of mental health services by ethnic minorities. Describe possible solutions to this problem.

The first barrier is cultural due to socialization, history of frustrating interactions, distrust of hospitals and centres, and relying on those who share cultural heritage. The second barrier is language due to not being adequately staffed with those that speak languages of minority groups and it being awkward and difficult to explain problems and obtain the type of help needed. The third barrier is institutional since the majority of therapists are trained almost exclusively in the treatment of white, middle-class clients and are not familiar with the cultural backgrounds and unique characteristics of various ethnic groups. There are misunderstandings, ill-advised treatment strategies, and reduced rapport. Solutions include recruiting and training more ethic minority therapists, working harder at building a vigorous therapeutic alliance with ethnic minority clients, and further investigating how modifications can be made more compatible with specific cultural groups attitudes, values, norms and traditions. Benefits are particularly prominent when treatment is tailored to a specific cultural group

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20. Explain why people grew disenchanted with mental hospitals.

Facilities were underfunded, overcrowded, and understaffed. Personnel were also undertrained and overworked. Demoralizing conditions were non-therapeutic and since mental hospitals served large geographic regions, patients were uprooted and isolated

21. Describe the deinstitutionalization trend, and evaluate its effects.

Demoralizing mental hospital conditions inspired the community mental health movement. The deinstitutionalization trend emerged in the 1960s which emphasized local and community-based care, reduced dependence on hospitalization, and prevention of psychological disorders. Deinstitutionalization is the transfer of treatment of mental illness from inpatient institutions to community-based facilities that emphasize outpatient care. It is made possible due to the emergency of effective drug therapies for severe disorders and the deployment of community mental health centres to coordinate local care. It has been a continuous process over the past 4 decades. The pros include patients benefiting from avoiding or shortening disruptive hospitalization, alternatives can be as effective and less costly, and patients prefer freedom of community-based care. The cons include chronic psychological disorders having nowhere to go, poorly prepared for work, independent living, lack of social network, family, friends, and has created a revolving door of people who flow in and out of psychiatric facilities and a sizable population of homeless mentally ill

22. Explain how Chapter 16 highlights two of the textbook's unifying themes.

The first unifying theme is the value of theoretical diversity which is shown through the array of approaches to treatment. The second unifying theme is the importance of culture which is shown through the description of how approaches to treatment are products of modern, middle-class, white Western culture and how those treatments are irrelevant or counterproductive when used with different cultural groups

23. The task of selecting an appropriate therapist can be difficult. List several options for therapeutic services offered in your community.

Therapeutic services in my community, include private practice, schools, community services, and hospitals

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24. **Discuss the potential importance of a therapist's sex and theoretical approach. Describe the qualities one should look for in a prospective therapist.**

The therapist's sex can make a difference if you feel so. A therapist's theoretical approach may make a difference for specific types of problems. Variations in effectiveness appear to depend on an individual's skills. Qualities to look for include personal warmth, sincere concern, empathy and understanding, self-confidence, and whether you 'like' your therapist

25. **Discuss two major reasons why people entering therapy are likely to get better.**

One major reason is placebo effects in which people's expectations lead them to experience some change even though they receive a fake treatment. Another reason is regression toward the mean in which people who score extremely high or low on some trait are measured a second time and their new scores fall closer to the mean (average)

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